

TRAINING FEEDBACK FORM

Training Session Title: _____

Trainer(s): _____

Location: _____

Participant Name: _____

SECTION 1: TRAINING CONTENT

1. The training objectives were clearly defined. _____
2. The content was relevant and useful to my role. _____
3. The training material was well-organized and clear. _____
4. The pace of the training was appropriate. _____
5. The training met my expectations. _____

SECTION 2: TRAINER EFFECTIVENESS

6. The trainer demonstrated thorough knowledge of the topic. _____
7. The trainer encouraged participation and questions. _____
8. The trainer communicated effectively and clearly. _____
9. The trainer was approachable and responsive. _____
10. The trainer provided useful examples and practical insights. _____

SECTION 3: TRAINING FACILITIES AND LOGISTICS

11. The training venue was comfortable and suitable. _____
12. The training materials and equipment were adequate. _____
13. The duration of the training sessions was appropriate. _____
14. The training schedule was convenient. _____
15. The administrative support was satisfactory. _____

SECTION 4: ADDITIONAL COMMENTS

SECTION 5: OVERALL SATISFACTION

Please rate your overall satisfaction with this training on a scale of 1 to 5, where 1 is Very Unsatisfied and 5 is Very Satisfied. Mark the appropriate box:

1

2

3

4

5

This Training Feedback Form is intended to collect honest and constructive feedback to improve future training sessions. All information provided will be treated confidentially and used in accordance with applicable UK data protection laws. By completing and submitting this form, the participant consents to the processing of their data for the stated purposes.

Participant Signature:

Trainer Signature:

Date:

Date:

Signature: _____

Signature: _____

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