# Safeguarding Training Evaluation Form

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**Venue:** **Date:**

**Course:** Choose an item.

**Trainer(s):**

1. Your overall views on course content
2. Overall, which session(s) did you find **most** valuable?

Why?

1.2 Overall, which session(s) did you find **least** valuable?

Why?

1.3 Your overall assessment of the course.

☐ Excellent ☐ Very Good ☐ Good ☐ Satisfactory ☐ Poor

1.4 How will your practice improve as a result of your learning?

1. Your views and comments on course organisation and venue

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Excellent | Very Good | Good | Satisfactory | Poor |
| Pre-course Information & Booking |  |  |  |  |  |
| Joining instructions & directions |  |  |  |  |  |
| Presenter |  |  |  |  |  |
| Venue |  |  |  |  |  |

Any comments?

1. Name at least one thing that we could do to improve the training
2. Any additional comments?

Name and service is **optional**

|  |  |
| --- | --- |
| **Name:** |  |
| **Service:** |  |