APPENDIX VII

REACTION LEVEL QUESTIONNAIRE (TRAINER)

TRAINER FEEDBACK ON THE TRAINING COURSE

Course title..................................... Course data........................................

Name : ......................................... Organisation..............................................
     (if applicable)

Did you develop the course? Yes □ No □

How many times have you delivered this course?
Only this once □ 2-5 times □ 6+ times □

We want to ensure that the training delivered is as effective as possible. We would be grateful if you would complete this questionnaire.

1. TRAINING OBJECTIVES

Please comment on the extent to which you felt the training objectives of the course were met and on any factors that might have affected their achievement.

2. CONTENT LEVEL AND LENGTH

Please comment on whether you felt the content, level and length of the course were about right. If not please put forward some ideas for how the course can be improved.
3. TRAINING METHODS
Please comment on the effectiveness of the training methods used in meeting the training objectives.

4. FACILITIES AND ADMINISTRATION
a) Please comment on the adequacy and quality of the training facilities.

b) Please comment on the adequacy and quality of the general accommodation, catering and service.

c) Please comment on the quality of the administration both before and during the course.

5. GENERAL COMMENTS
Please add any comments which may help us improve the quality of the training experience, i.e. in terms of meeting the delegates' expectations and needs, making the programme more relevant to their jobs, providing a high quality of training and facilities.