

Evaluation Form

We would really appreciate you taking a few minutes to answer these queries to allow us to improve future courses.

Name of Course/Event: _____ Date: _____

Your name: _____ Email: _____

Circle all the words that describe your experience

Boring *OK* *Enjoyable* *More confident*
Irrelevant *Satisfactory* *Informative* *Motivating*

No	Queries from us to you	N/A	Yes	No
1	The pre-course information for the event was useful			
2	The event location was easy to find			
3	The event met my statutory, regulated or NGB needs			
4	The programme was well planned for the aim of the course			
5	The length of the event was sufficient to cover the programme			
6	The course resources and equipment were sufficient			
7	The methods of instruction used by the trainer were appropriate			
8	The methods of assessment used by the course were appropriate			
9	Assessment methods were clearly explained at the beginning of the course			
10	The assessment was adapted fairly for those who required it to be adapted			
11	The complaints & appeals procedure were clearly explained at the beginning			
12	The event was free from race, disability or gender discrimination			
13	The domestic arrangements at the venue were suitable			

1 = Strongly disagree 2 = Disagree 3 = Partially agree 4 = Agree 5 = Strongly agree

No	Questions	1	2	3	4	5
				☹		☺
14	Overall I would rate my experience at this event as worthwhile					
15	The event met my personal expectations and needs					
16	The quality of instruction was high					
17	After this event I feel more confident to deal with First Aid situations					
18	I would recommend this course to friends &/or colleagues					

Do you have any general comments about the event?

Do you have suggestions for improving this event?

Are there any other qualifications that you wish ITC to develop?

Please add any comments here

Please use the back of the page if you wish to amplify any comment or add further comments that have not been covered.