

PARTICIPANT EVALUATION FORM - CDP 11

NAME OF TRAINING ORGANISATION	
NAME OF TRAINER	
TRAINING COURSE TITLE	
STARTING DATE OF COURSE	
END DATE OF COURSE	
YOUR NAME	
YOUR PPS NUMBER	
NAME OF COMPANY YOU ARE EMPLOYED IN	
YOUR JOB TITLE	

How would you rate the course as a whole? *Please tick* **Excellent** **Good** **Fair** **Poor**

Did the course meet your training objectives? *Please tick* **Fully** **Mainly** **Partially** **Not at all**

Please tick below in relation to particular aspects of the course.

	Poor	Fair	Good	Excellent	No Comment/ Not Relevant
Standard of Presentation					
Course Content					
Equipment					
Handouts / Notes					
Room, Accommodation					
Discussion, Participation					
Practical Sessions					

Do you have any particular comments or recommendations on this course? If so please comment:

SIGNED		DATE	
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