

Grant Awarded Trainee Feedback

1. Title of overall training:

2. Training event details

Date(s):

Location:

Trainers:

Names of sessions attended:

3. Personal details:

Name

Job Title

Organisation

Email Address

4. Please tick the most relevant statement:

- I don't feel I have learned anything.
- I don't feel I'll use what I have learned.
- I might use some of what I learned.
- I feel confident using everything I have learned.
- I would feel confident training others in what I have learned.

5. Please complete the following:

	Before Training	After Training
Level of Confidence	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Level of Skill	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Level of Knowledge	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low

6. What aspects of the training were most useful, if any?

7. What aspects of the training were least useful?

8a. How many colleagues you will share this new knowledge / skills with over the next 6 months:

8b. Please give an outline of how you intend to do this.

9a. How do you think these new skills will impact on the service you provide?

9b. How many of your clients will benefit from these new skills in the next 6 months?