Health and Safety Department



Course Evaluation Form

NAME:		DESIGNATION:								
COURSE TIT	ΓLE:				DATE:					
1. To what	extent do y	ou consider	the course	aims/object	tives to have	e been reac	hed?			
Not at all							Fully			
2. Please re	cord the tw	o most imp	ortant thin	gs you learn	ed from the	course:				
2.1)	ora ene en	ooocp	or carre entry	95 7 04 104111	ca monitalic					
•										
2.2)										
2 To what	ovtont do w	ou consider	the course	to have her	an rolovant t	o vour noo	de			
5. TO WHAT	3. To what extent do you consider the course to have been relevant to your needs:									
Not at all							Fully			
	If not relevant please say what modifications would be necessary in order to meet your requirements.									
	dicate the e			ırse has pro	mpted your	insight and				
Very Little							Very Well			
5. Which to added?	pics/session	s do you c	onsider sho	uld have bee	en omitted,	reduced, de	eveloped or			
Omitte	ed	Redu	ced	Devel	oped	Ad	ded			

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6.	How much <u>new</u> information did you pick up?										
me I di kı	ught little d not now eady							Taught me a lot			
	If you did not pick up much new information, was the course useful in revising and consolidating information you already knew:										
7.	Dlease ind	licate your y	views regar	ding the "pre	scontation as	nects" on th	nic event				
/.	Please III	iicate your	views regard	unig the pre	Sentation as	pecis on ii	iis event.				
р	clear/ oorly sented							Clear, well presented			
8.	Please co	mment, if y	ou wish, on	the organisa	tion and adr	ministration	of the cou	ırse.			
9.				n the event? g. Training e		any sugges	stions for				
	THANK YOU FOR COMPLETING THIS QUESTIONNAIRE. PLEASE HAND IT TO THE COURSE										
PRE	SENTER.										