

DELEGATE SATISFACTION SURVEY

PLEASE COMPLETE THE FOLLOWING DETAILS:

NAME OF THE COURSE YOU ATTENDED _____ COURSE START DATE _____

YOUR NAME _____ TRAINER'S NAME _____

COMPANY _____ JOB TITLE _____

To complete this short questionnaire, just tick through the expression which reflects how you feel, for example:

(Your response will be treated in confidence).

very satisfied	fairly satisfied	not very satisfied	not at all satisfied
4	3	2	1

1. ABOUT THE COURSE AND TRAINER

		very satisfied	fairly satisfied	not very satisfied	not at all satisfied
A.	How satisfied were you with:				
	a. the course content?				
	b. the trainer and style of presentation?				
	c. the trainer's subject knowledge and response to questions?				
	d. the relevance of this course to your job?				
B.	e. the course materials, handouts etc.?				
	f. the equipment, vehicles & training aids?				
	g. Was the pace of the course:		Too fast?		Too slow?
	Just right?				
C.	h. Was the length of the course:		Too long?		Too short?
	Just right?				
	i. Did your manager brief you before attending the course?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	*
	j. Did the course achieve your organisational / personal needs?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	*
	k. Would you recommend the G.T.A. to others?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	*
	l. Did we perform within the parameters of our Customer Charter?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	*

* If answered no, please explain your reasons in the comments box below.

YOUR COMMENTS

Now you have time to reflect on your course, we would like you to tell us about any improvements we could make, relating to either the course itself, your trainer, the facilities or any other related matter or if you prefer to email: admin@doncastergta.co.uk

PLEASE BE FRANK - IF YOU CAN HELP US PINPOINT A PROBLEM, WE WILL BE ABLE TO FIX IT.