



Student Feedback Form

Thank you for participating in one of our training courses. We value your feedback.

Trainers Name:

Course Name:

Course Dates:

Using the scale below indicate how much you agree or disagree with the following statements;

The trainer demonstrated the relevant skills and knowledge to deliver the course content effectively.

Strongly Agree Agree Neutral Disagree Strongly disagree

The trainer was helpful and available outside of course hours.

Strongly Agree Agree Neutral Disagree Strongly disagree

The trainer communicated clearly, was patient and helped me to understand complex concepts.

Strongly Agree Agree Neutral Disagree Strongly disagree

The trainer's approach was flexible and appropriate for the characteristics and dynamics of the class

Strongly Agree Agree Neutral Disagree Strongly disagree

The trainer was engaging and made learning interesting.

Strongly Agree Agree Neutral Disagree Strongly disagree

The trainer was well presented, prepared and organised.

Strongly Agree Agree Neutral Disagree Strongly disagree

The objectives and requirements for course completion are clearly described.

Strongly Agree Agree Neutral Disagree Strongly disagree

The learner guide and supporting resources were relevant, useful and current to my industry.

Strongly Agree Agree Neutral Disagree Strongly disagree

The venue was clean, safe and appropriate for the requirements of the course.

Strongly Agree Agree Neutral Disagree Strongly disagree

The equipment and machinery used was well maintained and appropriate for the task.

Strongly Agree Agree Neutral Disagree Strongly disagree



Do you have any additional comments regarding the venue and training equipment on site?

The pre-course information provided by Administration was an accurate reflection of the actual course.

Strongly Agree Agree Neutral Disagree Strongly disagree

The enrolment process was user friendly and efficient.

Strongly Agree Agree Neutral Disagree Strongly disagree

The overall content and structure of the course met my expectations.

Strongly Agree Agree Neutral Disagree Strongly disagree

TCT provided a high-quality training experience and I would recommend to others.

Strongly Agree Agree Neutral Disagree Strongly disagree

What could we do to improve the course?

We regularly review participant feedback and we use this data as an important part of our quality assurance processes to provide continuous improvement to our training business operations. We aim to provide the highest quality of training possible.

With your permission, we may contact you regarding this completed Student Feedback Form. Please provide a contact telephone number or email address.

Name: (Optional)

Telephone: (Optional)

Email: (Optional)

TCLM Office Use only:

Date Form received by
TCLM:

/ /

Received by: (PRINT NAME)

Signature:

Follow up with SOP, Registers

Recorded TCLM_Statistics Form,
Continuous Improvement Register and
management Meeting Agenda.