

BCSC TRAINING COURSE FOR CUSTOMER CARE BEST PRACTICE
COURSE PARTICIPANT EVALUATION FORM

COURSE TITLE: _____

Thank you for attending our course. We hope you enjoyed the course and we would be grateful if you could take a moment to give us some feedback. The information you give us will be treated with confidence, you may answer anonymously if you prefer.

About you

E-mail: _____

Your name: _____

Company: _____

About the course

Course provider: _____

Date of course: _____

Location of course: _____

Training officer: _____

Would you recommend this course to other people?

(Please circle one)

Yes

No

About the course

Please indicate your view of the following.

Very good

Good

Satisfactory

Poor

Very poor

Were the course objectives clearly explained?

Were the course objective achieved?

Were the topics relevant to your job?

Was the course easy to follow?

Was the course interesting and enjoyable?

Were the handouts useful?

Were the overheads useful?

Were you encouraged to participate?

Was the course well paced?

Do you feel you have gained new skills and knowledge?

How would you rate the trainers knowledge?

Do you feel the course will help you improve your performance at work?

If you found any of the above poor please give details:

General

Please indicate your view of the following.

Very good Good Satisfactory Poor Very poor

Course venue & organisation

Staff booking assistance

Course organisation in general

Venue and location

Overall satisfaction with the course

If you found any of the above poor please give details:

Further comments

Thank you for your comments. Please return the questionnaire to the course provider