

"TITLE OF SEMINAR"

DATE

SEMINAR EVALUATION

NAME:.....Organisation:.....(optional)

Please circle the relevant number

A. COURSE CONTENT AND DELIVERY

1. How well did the presenters show professional credibility on the subject matter:

Poor				Excellent
1	2	3	4	5

2. How much new useful information was gained from this course:

Very little				Great deal
1	2	3	4	5

3. Which topics of the course were most helpful to you.

.....

4. Is there any other topic, which you would like to cover in future in more depth (an advanced seminar)

.....

5. Would you recommend this course to other members of your industry:
 Yes []
 No []

6. How do you rate the facilitator/s' delivery
 - a. Teaching methods (use of examples, case studies, discussions, other techniques to enhance learning)

Poor				Excellent
1	2	3	4	5



b. Facilitators' communication skills

Poor					Excellent
1	2	3	4		5

B. TRAINING FACILITIES AND SERVICES

1. How would you rate the training facilities and service in terms of:

- Layout:

Poor					Excellent
1	2	3	4		5

- Comfort:

Poor					Excellent
1	2	3	4		5

- General organization of the seminar:

Poor					Excellent
1	2	3	4		5

- Efficiency and response of the organizers:

Poor					Excellent
1	2	3	4		5

- Timeliness and quality of the meal service:

Poor					Excellent
1	2	3	4		5

2. How can we improve the training facilities and overall service to you.

.....

C. OTHER COMMENTS

1. Which other seminars/courses are you interested in attending (Any topic)

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2. Your other comments would be greatly appreciated:

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Many thanks.

Date