

COURSE EVALUATION FORM

COURSE: DATE:

PLEASE ANSWER THE FOLLOWING QUESTIONS BY WRITING A SHORT RESPONSE OR TICKING THE APPROPRIATE BOX:

I ENROLLED IN THIS COURSE BECAUSE:

I HEARD ABOUT HSM TRAINING SOLUTIONS FROM:

WHICH PARTS OF THE COURSE OR ACTIVITY DID YOU LIKE MOST:

WOULD YOU RECOMMEND THIS COURSE TO OTHERS (AND WHY?)

WHAT OTHER COURSES, TRAINING OR SERVICES WOULD YOU LIKE TO SEE OFFERED BY HSM?.....

ANSWER THE FOLLOWING QUESTIONS BY **CIRCLING** THE NUMBER THAT BEST RATES YOUR RESPONSE, "0" IS FOR THE WORST THROUGH TO "5" BEING THE BEST – **IF A QUESTION IS NOT APPROPRIATE TO YOU, LEAVE IT BLANK.**

THE COURSE INFORMATION I RECEIVED WAS EASY TO UNDERSTAND.	0	1	2	3	4	5
THE LOCATION FOR THE COURSE SEEMED APPROPRIATE.	0	1	2	3	4	5
THE TRAINER PRESENTED THE COURSE IN A CLEAR AND UNDERSTANDABLE WAY.	0	1	2	3	4	5
THE TRAINER PROVIDED ME WITH THE ASSISTANCE I NEEDED TO LEARN.	0	1	2	3	4	5
I HAD PLENTY OF OPPORTUNITY TO PRACTICE AS I LEARNED.	0	1	2	3	4	5
THE HANDOUTS AND REFERENCES I RECEIVED HELPED ME LEARN THE SUBJECT.	0	1	2	3	4	5
THE ASSESSOR WAS SUPPORTIVE AND ENCOURAGING.	0	1	2	3	4	5
I FELT PREPARED AND CONFIDENT IN THE SUBJECT WHEN I WAS ASSESSED.	0	1	2	3	4	5
THE ASSESSMENT I UNDERTOOK WAS RELEVANT TO WHAT I HAD LEARNED.	0	1	2	3	4	5
I RECEIVED CONSTRUCTIVE FEEDBACK WHEN I FINISHED THE COURSE.	0	1	2	3	4	5
I RECEIVED CLEAR INFORMATION ABOUT FUTURE NEEDS AND CERTIFICATION.	0	1	2	3	4	5
THE COURSE COVERED ALL THE INFORMATION AND ACTIVITIES I EXPECTED	0	1	2	3	4	5

OTHER COMMENTS OR IDEAS ABOUT THE COURSE

NAME AND CONTACT DETAILS (OPTIONAL):

FIRST NAME: MIDDLE NAME(S):

SURNAME:

STREET ADDRESS:

TOWN: STATE: P/CODE:

COUNTRY:

PHONE: PHONE:
(BUSINESS HOURS) (AFTER HOURS)

MOBILE: EMAIL:

PLEASE RETURN THIS FORM TO: PO BOX 555, SANDY BAY TAS 7006 OR EMAIL: INFO@HSM.COM.AU / FAX 1300 662 994