



**Course Feedback Form,** *Please tick the correct boxes below*

Course Name:..... Date:.....  
 Training Venue:..... Where did you find us?:.....

	<b>Requires Attention</b>	<b>Below Expectations</b>	<b>Acceptable</b>	<b>Good</b>	<b>Excellent</b>
<b>Suitability of training venue</b>	5	4	3	2	1
<b>Suitability of videos, handouts, presentations</b>	5	4	3	2	1
<b>Course content</b>	5	4	3	2	1
<b>Instructional ability of the lecturer</b>	5	4	3	2	1
<b>Approachable instructor</b>	5	4	3	2	1
<b>Interesting and useful course</b>	5	4	3	2	1

Any other comments

If you are prepared to give your name and contact details please complete below

Name:..... Email:..... Telephone:.....

**If you would be interested in any further courses and would like more information, please state below.**

*Remember we offer many different training courses, Forklift, Driver CPC, Driver Training, HIAB, Rough Terrain Lift Trucks and Driving for Work Assessments.*