



### Training Evaluation Form

**Title of event:**

**Date of event:**

**Location of event:**

**Trainers:**

<b>Instructions:</b> Please tick your level of agreement with the statements listed below	Strongly Agree	Agree	Disagree	Strongly Disagree	Not relevant to this event
1. The objectives of the training were met					
2. The presenters were engaging					
3. The presentation materials were relevant					
4. The content of the course was organised and easy to follow					
5. The trainers were well prepared and able to answer any questions					

6. The course length was appropriate					
7. The pace of the course was appropriate to the content and attendees					
8. The exercises/role play were helpful and relevant					
9. The format was appropriate for the event					
10. Will you continue tattooing or piercing?					

10. What was most useful?

Opportunity for questions- welcomed generously as always  
 Focus of minds on one issue  
 Understanding allocation of investments and the risk associated with the different types of investment.

11. What was least useful?

12. What else would you like to see included in this course? Are there any other topics that you would like to be offered training courses in?

13. Would you recommend this course to colleagues?      Yes/No    Why?

14. Any other comments?

**THANK YOU FOR COMPLETING THIS EVALUATION FORM. FEEDBACK RECEIVED WILL BE USED TO PROVIDE IMPROVEMENTS TO FUTURE TRAINING.**

**EVALUATION FORMS SHOULD BE HANDED TO THE TRAINERS AT THE END OF THE EVENT. ALTERNATIVELY FORMS CAN BE SUBMITTED TO [ANGELSANDDEMONSTATTOO@OUTLOOK.COM](mailto:ANGELSANDDEMONSTATTOO@OUTLOOK.COM)**