Procedure Number		Prepared by	NB
Issue Number	01	Approved by	GA

COURSE SATISFACTION RECORD

This form is to be completed by each candidate to enable our Training Divisions to assess course delivery and continually improve our performance.

Your Name		
Phone Number		Email:
Instructor's Name		
Examiner's Name		
Location of Training		
Course Title		
Course Date(s)		

Please score each area out of 5 as below

Requires attention	Below expectations	Acceptable	Good	Outstanding
1	2	3	4	5

Question	Rating	Comments
1. How well has your instructor explained the course programme/ timetable		
2. How satisfied were you with how the training reflected the course programme		
3. How satisfied were you with the overall experience		
4. How comfortable were you with the pace of training		
5. Suitability of training facilities		
6. Suitability of the equipment		
7. How satisfied were you with the explanation of the fair processing notice		
8. How well did the instructor communicate with you		
9. How satisfied were you with the time you've had to practice your skills		
10. How approachable was the instructor		
Overall Rating (max. 50)		

Total Marks: _____/ 50

Other comments or suggestions for improving the course:

_____

_____

If you were dissatisfied and wish to make a formal complaint, please complete the section overleaf.

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Details of the Complaint

Office Use Only

Initial Review & Investigation Undertaken by			Date	
Investigation Findings				
Complaint Justified	Yes		No	
Resolution Undertaken				
Resolved with Complainer				
Close Out By			Date	