

STUDENT FEEDBACK FORM

Student Details Section

Date: _____ / _____ / _____ Student ID: _____ (Provided at the course)

E-mail _____ Course No. _____

If you would not like to stay informed or receive our newsletter tick this box

RATE YOUR CONFIDENCE LEVEL

Before the course (please circle)	Poor	Fair	Good	Excellent
After the course (please circle)	Poor	Fair	Good	Excellent

RATE THE COURSE

Did the course meet your expectations? No Yes Exceeded

Was it relevant to your job? No Yes

What did you enjoy most about the course? _____

What did you like least about the course? _____

Rate the course duration (please circle) Too short Good as it is Too long

RATE YOUR INSTRUCTOR & THE ASSESSMENT

Was your instructor organised and on time? Yes No If no, explain _____

Did he/she communicate clearly? Yes No If no, explain _____

Rate the instructor's knowledge (please circle) Poor Fair Good Excellent

Rate your Instructor's Overall Performance: 1 2 3 4 5 6 7 8 9 10
(1 is extremely poor, 10 excellent)

Was the assessment fair? Yes No If no, explain _____

Were all topics in assessment covered in the course? Yes No If no, explain _____

RATE THE VENUE

Was the location convenient and comfortable Yes No If no, explain _____

OVERALL TRAINING EXPERIENCE

Which word(s) best describe your experience with us:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Simple | <input type="checkbox"/> Difficult |
| <input type="checkbox"/> Flexible | <input type="checkbox"/> Inflexible |
| <input type="checkbox"/> Interactive | <input type="checkbox"/> Non-Interactive |
| <input type="checkbox"/> Professional | <input type="checkbox"/> Unprofessional |
| <input type="checkbox"/> Fun | <input type="checkbox"/> Boring |

OVERALL LEVEL OF SATISFACTION

Please circle (1 is extremely unsatisfied, 10 is extremely satisfied)

1 2 3 4 5 6 7 8 9 10

PLEASE MAKE A PERSONAL COMMENT ON YOUR TRAINING EXPERIENCE:

WOULD YOU RECOMMEND US? Yes No

WOULD YOU LIKE MEDILIFE TO CONTACT A FRIEND OR A COMPANY THAT YOU BELIEVE WOULD BENEFIT FROM THIS COURSE?

Yes (complete below) No

Friend's Name: _____ Company Name: _____

Friend/Company Phone: _____ Your Name: _____