

## STUDENT FEEDBACK FORM

Date:       /	Student Details Section					
If you would not like to stay informed or receive our newaletter tock 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       No       Yes       Exceeded       No         Was it relevant to your job?       No       Yes       Exceeded       Rate the course duration (please circle)       Too short       Good as it is       Too long         RATE YOUR INSTRUCTOR & THE ASSESSMENT       Was your instructor's knowledge (please circle)       Poor       Fair       Good       Excellent         Was your instructor's Knowledge (please circle)       Poor       Fair       Good       Excellent         Rate the instructor's Knowledge (please circle)       Poor       Fair       Good       Excellent         Was your instructor's Nowledge (please circle)       Poor       Fair       Good       Excellent         Was the assessment fair?       Yes       No       If no, explain       Rever all topics in assessment covered in the course?       Yes       No       If no, explain         Were all topics in assessment covered in the course?       Yes       No       If no, explain       If the c	Date:// Student ID:	(Provided at the course)				
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       Exceeded       Was it did you enjoy most about the course?         What did you enjoy most about the course?       Too short       Good as it is       Too long         RATE YOUR INSTRUCTOR & THE ASSESSMENT       Was the leased cardly?       Yes       No       If no, explain         Mate the instructor's knowledge (please circle)       Yes       No       If no, explain       Poor         Rate the instructor's knowledge (please circle)       Poor       Fair       Good       Excellent         Rate tramemely poct. 10 excellent)       1       2       3       4       5       6       7       8       9       10         Was the assessment fair?       Yes       No       If no, explain       Poor       Pair       Good       Excellent         Was the assessment fair?       Yes       No       If no, explain       Poor       Pair       No       If no, explain       Poor <td colspan="3">E-mail Cours</td> <td colspan="3">se No</td>	E-mail Cours			se No		
Before the course (please circle)       Poor       Fair       Good       Excellent         After the course (please circle)       Poor       Fair       Good       Excellent         RATE THE COURSE       No       Yes       Exceeded       Mait did you on job         Was it relevant to your job?       No       Yes       Exceeded       Mo         What did you on job most about the course?       Mo       Yes       Mo       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       Mo       Excellent         Was your instructor is knowledge (please circle)       Poor       Fair       Good       Excellent         Rate the instructor's Nowledge (please circle)       Poor       Fair       Good       Excellent         Was the assessment fair?       Yes       No       If no, explain       Poor       Fair       Good       Excellent         Was the location convenient and comfortable       Yes       No       If no, explain       Poor       Pair       Overall       Poor       Sairs fair       10 is extremely satisfie         Professional       Difficult       Inflexible       Inflexible       Inflexible       12	If you would not like to stay informed	or receive our newsl	etter tick this box $\Box$			
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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         Was your instructor organised and on time?         Did he/she communicate clearly?         Rate the instructor's knowledge (please circle)         Poor         Fair       Good         Excellent         Rate your Instructor's Overall Performance:         1       2         Yes       No         It is extremely poor, 10 excellent)         Ware all topics in assessment covered in the course?         Yes       No         Ware all topics in assessment covered in the course?         Yes       No         Mast he location convenient and comfortable         Yes       No         Mich word(s) best describe your experience with us:         Simple       Difficult         Professional       Unprofessional         Punctextve       Non-Interactive         Professional       Unprofessional         Fun       Boring         Pulcase MAKE A PERSONAL COMMENT ON YOUR TRAINING EXPERIENCE:         NoulLD YOU RECOMMEND US?       Yes         No       No         W	Did the course meet your expectations?	No 🗆	Yes 🗆	Exceeded		
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RATE THE VENUE         Was the location convenient and comfortable       Yes □ No □ If no, explain	Vas the assessment fair?	Yes 🗆 No 🗆	If no, explain			
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Which word(s) best describe your experience with us:       Difficult         Simple       Difficult         Flexible       Inflexible         Interactive       Non-Interactive         Professional       Unprofessional         Fun       Boring         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?	Nas the location convenient and comfortable	Yes 🗆 No 🗆	I If no, explain			
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Fun       Boring         PLEASE MAKE A PERSONAL COMMENT ON YOUR TRAINING EXPERIENCE:         VOULD YOU RECOMMEND US?       Yes         No         WOULD YOU LIKE MEDILIFE TO CONTACT A FRIEND OR A COMPANY THAT YOU BELIEVE WOULD Yes         Yes       (complete below)         No       No	□ Interactive □ Non-Interactive	1 2 3	4 5 6	7 8 9 10	)	
PLEASE MAKE A PERSONAL COMMENT ON YOUR TRAINING EXPERIENCE:						
VOULD 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						
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Friend š Name: Company Name:				U BELIEVE WOULD		
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Friend/Company Phone:Your Name:					-	

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