

Post-Training Review

To be completed three months after the course by the participant and returned to the RCBN

Background details	
Participant - PRINT NAME:	
Course title:	Course date:
Provider/Trainer:	Location of course:

Personal development	(please circle one of the following)
How many of the five action points (that you identified post-training) have you completed?	1 2 3 4 5
What factors would you say have limited, or prevented, you from fulfilling the objectives set prior to this training activity?	

Future training needs
As a result of this particular training activity is there any further capacity-building, of any kind, that you now require? This could include more advanced training, refreshment-type courses, or the need for one-on-one assistance.

Immediately after this course we gave you the opportunity to provide constructive feedback on how this event could be improved. Now that you have been able to reflect back over the event you may have some additional comments. If so, please give them below. Thank you.

