

# ■ Infection Control Trainer

Training Feedback Form | Please complete before leaving today

## Delegate Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Organisation: \_\_\_\_\_ Job Role: \_\_\_\_\_

Please rate the following (1 = Poor, 5 = Excellent)

Area	1	2	3	4	5
Overall course content	■	■	■	■	■
Trainer's knowledge and delivery	■	■	■	■	■
Pace and timing of the course	■	■	■	■	■
Relevance to your job role	■	■	■	■	■
Quality of course materials	■	■	■	■	■
Venue and facilities	■	■	■	■	■
Value for money	■	■	■	■	■

## Your Comments

What did you find most useful about today's training?

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What could be improved?

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Would you recommend this course to a colleague? ■ Yes ■ No — Why?

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Any other comments:

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Enjoyed the course? Become a certified Infection Control Trainer! Visit <https://infectioncontroltrainer.co.uk> or [abertaytraining.co.uk](https://abertaytraining.co.uk) | ■ 0333 500 5000