



Medication Administration 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?

What could be improved?

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

Any other comments:

Your feedback is anonymous and used only to improve our training. For more information visit abertaytraining.co.uk

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