Evaluation Form



Please complete on behalf of the Group

Group Name	
Title of Course	

For payment of any grant awarded direct to bank account please complete your bank details and answer the evaluation questions below. Remember to attach PROOF OF PAYMENT (eg copy of invoice)

NAME OF ACCOUNT

BANK SORT NUMBER

ACCOUNT NUMBER

Please indicate your level of agreement with the statements listed below by ticking the relevant box:

	Agree	Neutral	Disagree
Course booking and instructions were clear and helpful			
The objectives of the training were clearly defined			
Participation and discussion was encouraged			
The course content was relevant to the needs of the participants			
Materials distributed were helpful			
The trainer was knowledgeable about the topic			
The trainer was well prepared			
The course and objectives of the course were met			
The time allocated for the course was sufficient			
The course venue and facilities were adequate and met the needs of the training			

- 1. What was the most useful learning point individuals will take away from this training?
- 2. What aspects of the training could be improved?
- 3. Will the training influence the way participants run their business or assist with any future aspirations?
- 4. Please feel free to add any additional comments you may wish to make
- 5. Names of participants

Signed :

Position in Group (Chair, Secretary etc) :

Date :

Please return to <u>darttrust@outlook.com</u> or post to DARTT, DFYFC, Amory Building, Cheriton Bishop, Exeter EX6 7JH

darttrust.org.uk.