IKON Training Course Evaluation



Trainer:	Date:		Your Company:			
Course:			Venue:			
Tick as appropriate:						
The Course:			Strongly Disagree	Disagree	Agree	Strongly Agree
Met the learning outcomes						
Content was organised and easy to follow						
Improved my knowledge, skills and confidence						
Was relevant to my job role						
The Trainer:			Strongly Disagree	Disagree	Agree	Strongly Agree
Is clear and understandable						
Demonstrated good subject	knowledge					
Arrived well prepared and o	rganised					
I would recommend this course to my colleagues:					Yes	No
				l		
What is your overall opinion of the training received?		Very	Dissatisfied Neutra		Satisfied	Very
		Dissatisfied				Satisfied
	'			'		
What element of the training	ng did you find most useful?					
Please offer some feedback	k on how we can improve the co	ourse:				
Please use this space to add	d any further comments, or exp	oand on your select	ons above:			
Please highlight any further	training you may be interested	in, should it be avai	lable in the future	e:		
Conflict Resolution	Resolution Breakaway Lon		• Worker Ph		hysical Intervention	
Dementia Awareness	Mental Health Awareness		ng Challenging	Equal	ity and Diversity	/
		Behavio	ur			