


IPAS COURSE FEEDBACK FORM

Course ID					
NAME					
HAVE YOU UNDERTAKEN THIS TYPE OF TRAINING BEFORE?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
IF SO, WHERE AND BY WHOM?					
HOW WOULD YOU COMPARE IPAS' COURSE?	BETTER	<input type="checkbox"/>	NOT AS GOOD	<input type="checkbox"/>	ABOUT THE SAME
WITH 5 BEING HIGHEST SCORE AND 1 BEING LOWEST SCORE, HOW WOULD YOU RATE THE FOLLOWING...					
HOW INTERESTING DID YOU FIND THE COURSE?	5	4	3	2	1
HOW WOULD YOU RATE THE VENUE?	5	4	3	2	1
HOW WOULD YOU RATE THE CATERING (IF APPLICABLE)?	5	4	3	2	1
HOW WOULD YOU RATE THE AUDIO/VISUAL COMPONENT?	5	4	3	2	1
HOW WOULD YOU RATE THE COURSEWARE?	5	4	3	2	1
HOW WOULD YOU RATE THE CASE STUDIES?	5	4	3	2	1
DO YOU FEEL THAT YOU HAVE RECEIVED USEFUL SKILLS?	5	4	3	2	1
WOULD YOU RECOMMEND THIS COURSE TO COLLEAGUES?	5	4	3	2	1
IF FLYING WAS INVOLVED, HOW DO YOU RATE THE MISSION?	5	4	3	2	1
DO YOU HAVE ANY SUGGESTIONS TO MAKE THE COURSE BETTER OR MORE RELEVANT?					
IF YOU DID NOT RECEIVE A CERTIFICATE, PLEASE PROVIDE YOUR EMAIL AND 'SNAIL MAIL' ADDRESS.					