| **Name of Worker:** |  |
| --- | --- |
| **Training Topic:** |  |
| **Date completed:** | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| **Training Type:** | ☐ Online  ☐ In House  ☐ External Training Organisation |

| **Was the training successful in fulfilling your learning goals?** | ☐ Yes  ☐ No  Comments: |
| --- | --- |
| **Was the training presented in a clear manner?** | ☐ Yes  ☐ No  Comments: |
| **How will you put what you have learnt into practice?** |  |
| **Do you think there are any areas for improvement in relation to how the training was delivered?** | ☐ Yes  ☐ No  Comments: |
| **Do you have any suggestions for further content to be included?** | ☐ Yes  ☐ No  Comments: |
| **What did you like most/ least about the training?** |  |
| **Do you need further training on this topic?** | ☐ Yes  ☐ No  Comments: |
| **Are there any other topic you would like further training on?** | ☐ Yes  ☐ No  Comments: |
| **Any additional feedback** |  |
| **Signature:** |  |

**Office/ Manager use:**

| **Have improvement opportunities been identified and documented on the continuous improvement register?** | ☐ Yes  ☐ No |
| --- | --- |
| **Has the training been recorded on the workers Training and Development Register?** | ☐ Yes  ☐ No |
| **Date set for observing the employee applying the training they have completed.** | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| **Outcome of observation** *(include date undertaken)* | \_\_\_\_/\_\_\_\_/\_\_\_\_  ☐ The employee has effectively implemented the training and demonstrates competency in this area.  ☐ Further training is required  ☐ Work experience required |
| **Comments** |  |
| **Signature:** |  |