

Evaluation Form

Thank you for attending today's first aid course. We hope you both found the course informative and enjoyable. Learn2Rescue is constantly striving to improve; please help us by giving your comments below. If you would prefer to be anonymous and completed the reverse side, please ask for a separate form.

Course date Trainer's name

Please rate the following; you can add additional comments in the last section:

1 = Poor 5 = Great or N/A = Not Applicable

Trainer's teaching techniques	<input type="text"/>	Pre-course preparation	<input type="text"/>
Trainer's friendliness	<input type="text"/>	Punctuality of sessions	<input type="text"/>
Food arrangements	<input type="text"/>	Trainer's knowledge	<input type="text"/>
Equipment used	<input type="text"/>	Course relevance	<input type="text"/>
Assessment	<input type="text"/>	Training Room	<input type="text"/>

Please complete:

I particularly enjoyed the

I did not really enjoy the

I would also suggest

Thank you!

(N/A For Dentist and Doctor CPR Courses)

Your certification is valid for 3 years, or one year for basic courses. In order for us to remind you of renewal please let us have your contact details. You do not have to provide your details.

Name	Phone
Address	Email

Answer Sheet

Only use this side of the paper for courses that have tests and knowledge checks.

Name in block print

Date

Insert a line in the correct answer box, if you change your mind strike through it, as below.

Answer A changed to D

1	X		/	
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Knowledge Check 1				
Question number	A	B	C	D
1				
2				
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Knowledge Check 2				
Question number	A	B	C	D
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Knowledge Check 3				
Question number	A	B	C	D
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Good luck