

Feedback Form

Online Oracle Apps DBA Training

Please fill in this form to provide the training team with feedback about the course:

Oracle Apps DBA

Batch No.: 1008
 Duration: 07-12-2008 to 04-01-2009
 Name of Trainee: Emmanuel
 Your Organization Name:
 Your Designation:

Your feedback is important in helping us to increase the quality of our Online Based Training Program.

Rating	Poor	Fair	Average	Good	Very Good	Excellent	Comments
Course Content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text" value="Very Good"/>
Training Material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text" value="Very Good"/>
Training Session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text" value="Very Good"/>
Hands On Session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text" value="Very Good"/>
Trainers Technical Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input style="width: 100%;" type="text" value="Excellent"/>
Trainers Presentation Style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text" value="Very Good"/>
Speed/Length of the Course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text" value="Very Good"/>
Voice Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text" value="Very Good"/>
Response to queries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text" value="Very Good"/>
Overall Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text" value="Very Good"/>
What you like to refer this training to your friends/colleagues?							<input style="width: 100%;" type="text" value="Yes I would"/>
Did the Training meet your expectations?							<input style="width: 100%;" type="text" value="Yes it did"/>
Further Comments							<input style="width: 100%;" type="text"/>

* Please note that all data is collected anonymously and there is no link to your identity, organisation or location.