

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: 12-07-2008 to 01-04-2009
 Name of Trainee: William Jones
 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"/>	
Training Material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Training material was very helpful with hands on
Training Session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Hands On Session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The hands on made the course more understandable
Trainers Technical Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Trainers Presentation Style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Trainer was very helpful
Speed/Length of the Course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Response to queries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Overall Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
What you like to refer this training to your friends/colleagues?							<input type="text" value="Yes"/>
Did the Training meet your expectations?							<input type="text" value="Yes"/>
Is there anything else you would like to suggest?							<input type="text"/>
Further Comments							I would take another course with onlineapps in the future. Very Good training....

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