

Feedback Form

OA Framework Training

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

Batch No.: 1012
 Date: 19/09/09 to 10/10/09 31-10-09 to 14-11-09
 Name of Trainee: Andreas Pilavakis
 Your Organization Name:
 Your Designation: **APPS**
 Consultant

Your feedback is **very important** to us. Please enter “**Y**” in relevant boxes below

| 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 Contents/Scope Covered | <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"/> |
| Training Session 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"/> |
| 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"/> |
| 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"/> |
| Trainers Presentation Style | <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"/> |
| 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"/> |
| Voice Quality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input style="width: 100%;" type="text"/> |
| Response to queries | <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"/> |
| 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"/> |
| Would you refer this training to your friends/colleagues? | | | | | | | Already have |
| Did Training meet your expectations? | | | | | | | Yes |
| Is there anything else you would like to suggest or any further comments? | | | | | | | Content very good , Trainer excellent, a few diagrams to summarise concepts |
| Can we use your feedback to help marketing our future trainings [Yes/No]? If you wish, we will keep this feedback anonymous | | | | | | | Yes |