

Feedback Form

Online Oracle HRMS & Payroll [Basic+ Advanced] Training

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

Batch No.: 1007
 Date: 10th April to 18th April 2010
 Name of Trainee: Tina Dharmaraj
 Your Organization Name: Arowana Consulting
 Your Designation: IT Recruiter

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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Training Contents/Scope Covered | <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"/> |
| Training Session 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"/> |
| Live Demos covered | <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"/> |
| Trainers Technical Knowledge | <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 Presentation Style | <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"/> |
| Speed/Length of the Course | <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"/> |
| 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"/> |
| 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"/> |
| Overall Evaluation | <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"/> |
| Would you refer this training to your friends/colleagues? | | | | | | | Yes |
| Did Training meet your expectations? | | | | | | | Yes |
| Can we use your feedback to help marketing our future trainings [Yes/No]? If you wish, we will keep this feedback anonymous | | | | | | | yes |