Feedback Form

Full name	
Date of birth	Click here to enter a date.	**Student ID**	
Email contact	
Phone contact	
Course Title/Code:	
Trainer/Assessor	

Section 1: Training Experience

Please rate the following statements:

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The course content was clear and relevant	☐	☐	☐	☐	☐
My trainer was knowledgeable and supportive	☐	☐	☐	☐	☐
The training materials were helpful and well-organised	☐	☐	☐	☐	☐
I was engaged and motivated during the training sessions	☐	☐	☐	☐	☐
The learning environment was inclusive and respectful	☐	☐	☐	☐	☐

Section 2: Assessment and Support

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Assessment tasks were clear and fair	☐	☐	☐	☐	☐
I understood how my assessments were marked	☐	☐	☐	☐	☐
I received helpful feedback on my assessments	☐	☐	☐	☐	☐
Support services met my learning needs	☐	☐	☐	☐	☐
I would recommend this RTO to others	☐	☐	☐	☐	☐

Section 3: Trainer Evaluation

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The trainer gave an overview of the training program at the onset of each session and explained the assessment process adequately	☐	☐	☐	☐	☐
The trainers' knowledge and skills were relevant to this course	☐	☐	☐	☐	☐
I felt my questions were clearly answered by the trainer	☐	☐	☐	☐	☐
The trainer satisfactorily controlled the group	☐	☐	☐	☐	☐
The presentation of each session was relaxed and confident	☐	☐	☐	☐	☐
The trainer demonstrated that they had current skills and knowledge of their industry	☐	☐	☐	☐	☐
The trainer allowed enough time for questions	☐	☐	☐	☐	☐

Section 4: Other comments:

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Consent to Share Feedback:

☐ I give permission for my feedback to be used anonymously for quality improvement or promotional purposes.

		Date:	Initials:	
Office Use Only	Reviewed and added to Evaluation Feedback Summary			**PLEASE FORWARD COMPLETED FORM TO RTO's Admin Team**