



COURSE EVALUATION FORM

For us to continually improve the quality of our courses and to meet quality assurance CPD requirements so that this course is CPD verifiable please answer the questions below.

Course Title _____

Course Date _____

Instructor _____

	POOR	FAIR	GOOD	EXCELENT
THE COURSE CONTENT				
THE TRAINERS KNOWLEDGE AND EXPERTISE				
THE TRAININERS FEEDBACK TO YOU AND THE GROUP				
THE PACE OF THE COURSE				
THE EFFECTIVENESS AND CLARITY OF THE TRAINING				
YOUR OVERALL RATING FOR THIS COURSE				

DID THIS COURSE MEET YOUR INDIVIDUAL NEEDS YES NO

COURSE KINGS REFFERAL SCHEME

If you would like to recommend Course Kings to people you may know please enter the name and company details below (Please see our website for referral rewards www.coursekings.co.uk)

Name	company	telephone no
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Thank you for attending this course and for completing this form.

Course Kings Ltd

