**First Aid Course Evaluation**

**Course name:**

**Name of trainer:**

**Date:**

**Venue:**

**Quality of training**

**Please circle as many words in the boxes below that best describe your experience.**

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| **Ability of trainer**  Good first aid knowledge Confusing Interested Disorganised Rude  Good at explaining Patronising Supportive Organised Unclear  Engaging Humorous Positive Good at answering class questions |

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| **Structure and content of course**  Good pace Confusing Good Timing Excellent information  Jumbled Easy to follow Disorganised Too fast Handouts not very good  Suited how I learn Kept to time Time to think Didn’t understand |

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| **Environment**  Cosy Comfortable No privacy Loads of space Cluttered  Warm Good place to learn Dark Not enough seats  Cold Big room Clean Noisy |

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| **First aid equipment**  Manikins were clean AED good for practicing Good practical sessions  Auto-injectors were available Hygienic First aid materials provided  Plenty of stuff for practice Broken Not good Great |

**Are there any improvements you think might enhance this training?**

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**What did you enjoy most about this training?**

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**What did you least enjoy about this training?**

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**Any other comment about the course you would like to make**

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**Thank you for your support in helping us to continue to improve our training**