**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 RudeGood at explaining Patronising Supportive Organised UnclearEngaging Humorous Positive Good at answering class questions |

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

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| **Environment**Cosy Comfortable No privacy Loads of space ClutteredWarm Good place to learn Dark Not enough seatsCold Big room Clean Noisy |

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| **First aid equipment**Manikins were clean AED good for practicing Good practical sessionsAuto-injectors were available Hygienic First aid materials providedPlenty 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**