4 Minutes First Aid Training: info@4Minutes.co.uk

Candidate Evaluation Form

We would really appreciate you taking a few minutes to answer these queries to allow us to improve future courses.

Name of cou	rse	Date				
Your name	Optional					
Email	Optional (if you want a reply to a comment)	Please add me to 4 Minu	ites' Newsletter []			

Do you agree with the following statements?	N/A	Yes	No
The pre-course information for the event was useful			
The event location was easy to find			
The complaints and appeals procedure were clearly explained at the beginning			
The assessment methods were clearly explained at the beginning of the course			
The event met my needs (and that of my Governing Body if applicable)			
The length of the event was sufficient to cover the programme			
The course resources and equipment were sufficient			
The methods of instruction and assessment used by the trainer were appropriate			
The assessment was adapted fairly for those who required it to be adapted			
The event was free from race, disability or gender discrimination			
The domestic arrangements at the venue were suitable			

	1 (Disagree)	2	3	4	5 (Agree)
Overall I would rate my experience at this event as worthwhile					
The event met my personal expectations and needs					
The quality of instruction was high					
After this event I feel more confident to deal with course related situations					
I would recommend this course/training company to others					

Please use this section to tell us if you have any general comments about the course or suggestions for improving it