## Feedback on Irish Medtech Association SKILLNET Event

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| **Event Title** |  |
| **Event Date** |  |
| **Attendee’s Name** |  |
| **Company Name** |  |

*Thank you for participating in this event. Please take a few moments to think about the event and provide responses to the following questions. This information will be very helpful in planning future training events. Please answer all questions and add in your additional comments.*

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| **1** | **Please indicate your level of agreement with the statements listed below** | | | | | | |
|  |  | **Strongly Agree** | **Agree** | **Neutral** | **Disagree** | **Strongly Disagree** | |
| a) | The training was relevant to my needs |  |  |  |  |  | |
| b) | Training was delivered to a high standard |  |  |  |  |  | |
| c) | Participation /interaction was encouraged |  |  |  |  |  | |
| d) | This training met my learning objectives |  |  |  |  |  | |
| e) | I can apply the skills/knowledge that I learned |  |  |  |  |  | |
| f) | The duration of training was appropriate |  |  |  |  |  | |
| g) | The training room/ facilities were suitable |  |  |  |  |  | |
| h) | I would recommend this training to others |  |  |  |  |  | |
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| **2** | What was the most useful part of this training for you? | | | | | | |
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|  |  | | | | | |  |
| **3** | What aspects of the training/ organising could be improved? | | | | | | |
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|  |  | | | | | |  |
| **4** | How do you hope to change your practice in this area as a result of this training? Or,  Please specify what ideas or actions you learned during this training that you will take back to your workplace. | | | | | | |
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| **5** | Please provide any suggestions or additional comments below. | | | | | | |
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**Thank You for taking the time to complete this form**