

COURSE DELIVERY FEEDBACK FORM

This form is to be completed by each candidate prior to undertaking the basic operating skills test to enable RTITB to comply with the ABA's requirement to observe and assess course delivery.

Your name:

Instructors name:

Examiners name:

Location of training: In-centre Customer premises In-house

Course title:

Course dates:

Please score each area out of 5 as below

Requires attention	Below expectations	Acceptable	Good	Outstanding
1	2	3	4	5

1 2 3 4 5

How well has your Instructor explained the course programme/timetable:

How satisfied were you with how the training reflected the course programme:

How satisfied were you with the overall experience:

How satisfied were you with the time you've had to practice your skills:

How comfortable were you with the pace of training:.....

Suitability of training facilities:.....

Suitability of the equipment:.....

How satisfied were you with the explanation of NORS (National Operator Registration Scheme):.....

How satisfied were you with the explanation of the fair processing notice:.....

How well did the Instructor communicate with you:.....

How approachable was the Instructor:.....

Total Marks: / 55

Other comments or suggestions for improving the course:

If you are prepared to discuss your feedback in more detail, please tick one or more of the boxes below and we will contact you:

Landline telephone number:

Mobile number:

Email address: