



INDUSTRY CERTIFICATION (INDCERT)

TRAINING EVALUATION FORM

The objective of this form is to assess the quality of the training programme offered after every training session. Please complete this form and kept it confidential.

A. GENERAL INFORMATION

* Please tick (/) in the appropriate box

1. Name : _____

Male Female

2. MyId No. : _____

3. No. Tel (HP): _____ No. Tel (Office) : _____

4. Email: _____

5. Name of Training Provider: _____

6. Course Title: _____

7. Training Date: _____

8. Venue: _____

B. EVALUATION OF PROGRAMME

* Please tick (/) in the appropriate box

	Very Poor	Poor	Fair	Good	Excellent
1. How far the training programmes meet the objectives of the programme?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How do you appraise the effectiveness of the training programme?					
2.1 Meet my expectation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2 Assist me to enhance my job quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3 Can enhance my job productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How do you appraise the learning material of the training programme?					
3.1 Learning material is comprehensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2 Increase my knowledge and understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3 Can apply what I have learnt towards my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How do you appraise the contents of the training programme?					
4.1 Sequencing of the topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2 The content is related to my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3 Examples given are practical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4 Discussion time is sufficient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Training Environment and Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Trainer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. GENERAL REMARKS

THANK YOU FOR THE FEEDBACK