

## P5 S19 Staff / Trainer CPD Activity Report

The purpose of this form is to ensure that the training development and support needs of the staff are being met.

### Section 1: Course Management

PLEASE USE BLOCK CAPITALS

Name of course:	<input type="text"/>	<input type="text"/>
Start Date:	<input type="text"/>	Finish Date: <input type="text"/>
Tutor:	<input type="text"/>	Location: <input type="text"/>

### Section 2: Attendance Overview

Please summarise your opinion of the training/event by ticking the appropriate box

Relevance to your work	Very Good <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>	Very Poor <input type="checkbox"/>
Usefulness to your work	Very Good <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>	Very Poor <input type="checkbox"/>
Training methods used	Very Good <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>	Very Poor <input type="checkbox"/>
Effectiveness of Lecturer	Very Good <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>	Very Poor <input type="checkbox"/>
Course content	Very Good <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>	Very Poor <input type="checkbox"/>

1. How do you feel that the training/development has improved your personal effectiveness?

<input type="text"/>
<input type="text"/>
<input type="text"/>

2. Would you recommend this course to other staff? If not please indicate your reasons.

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

3. Total cost of this event

Fees
Travel/Accommodation
Other