

## Moving and Handling Training: Post-course Evaluation

We are keen to find out your views on the course you have attended today. Please complete the following questionnaire as honestly as you can and return. The questionnaire is anonymous, your answers will help us improve future training. Thank you for your assistance.

**Course(please circle):** **Date:** \_\_\_\_\_

2-Day Patient handling	1-Day Patient Handling
½ -Day Clinical Back Awareness	½ -Day Back Awareness

**1. Did you receive pre course information ?**      Yes       No

If yes, did the information provide you with sufficient details about the course?    Yes       No

If No, Please give details

**2. Please circle which best describes how you rate this training session?**

Poor	Satisfactory	Good	Excellent
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**3. Would you have benefited from more time spent on any section?**    Yes       No

If YES, which section(s)? Please circle and state why.

*Legislation      Theory      Risk Assessment      Practical      Use of Equipment*

**4. Would you have benefited from less time spent on any section?**    Yes       No

If YES, which section(s)? Please circle and state why.

*Legislation      Theory      Risk Assessment      Practical      Use of Equipment*

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**5. Please indicate your views on the quality of the course by ticking the appropriate box:**

	Poor	Fair	Good	Excellent
Meeting the learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance to your job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trainer(s) helping you to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The presentation clear and useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The handouts clear and useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The adequacy of the venue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The quality of the catering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6. What improvements, if any, would you like to see to the course you attended today?**

**7. How can we help you improve your knowledge and skills in Moving and Handling in the future?**

**8. Please use the space below for any additional comments you would like to make about your experience today:**

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Thank you!