

TRAINING COURSE DETAILS

Title of Training	:			
Training Reference No.	:			
Venue:	:			
Start Date to End Date	:	Start date:		End Date:
Name of Instructor(s)	:	1.		
	:	2.		

Instructions: Upon completion of the training, participants are strongly encouraged to complete this evaluation form. QA Department will use this information to determine the effectiveness of training content and tool, instructor, training environment and training benefits. Please circle the response below that best describes your assessment of the training. If a question is not applicable to your training course or if you do not have sufficient information to answer, select N/A.

SCORE

Excellent	Good	Fair	Poor	Not Applicable
5	4	3	2	1

NO.	ACHIEVEMENT OF TRAINING COURSE OBJECTIVE	SCORE				
1.	Has this training course achieved the stated objectives?	5	4	3	2	1
NO.	LEARNING OUTCOMES	SCORE				
1.	Improved relevant knowledge	5	4	3	2	1
2.	Application of knowledge & skills in the workplace	5	4	3	2	1
NO.	TRAINING COURSE CONTENT	SCORE				
1.	Meets the requirements	5	4	3	2	1
2.	Easy to understand with relevant examples	5	4	3	2	1
3.	Training materials and related notes	5	4	3	2	1
4.	Emphasis on theory	5	4	3	2	1
NO.	TRAINING COURSE TECHNIQUES / METHODOLOGY	SCORE				
1.	Lecture	5	4	3	2	1
2.	Discussion	5	4	3	2	1
3.	Video / Media Shows	5	4	3	2	1
4.	Practical training on real aircraft (for type/task training course only)	5	4	3	2	1
NO.	TRAINING COURSE MANAGEMENT	SCORE				
1.	Training course duration	5	4	3	2	1
2.	Training course schedule	5	4	3	2	1
3.	Classroom	5	4	3	2	1
4.	Cafeteria / Meal	5	4	3	2	1
NO.	ASSESSMENT OF INSTRUCTIONAL STAFF	SCORE				
1.	Mastery of the Subject	5	4	3	2	1
2.	Facilitation skills	5	4	3	2	1
3.	Use of teaching aids	5	4	3	2	1
4.	Performance	5	4	3	2	1

5.	Creating an appropriate learning environment	5	4	3	2	1
6.	Skills in managing feedback / questions	5	4	3	2	1
7.	Interactive communication	5	4	3	2	1
8.	Appearance	5	4	3	2	1
NO.	TRAINING COURSE BENEFIT <i>(please √ or X in the appropriate box)</i>	ANSWER				
1.	Have you benefited from this training course?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		
2.	Would you like to recommend this training course to others?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		

OTHERS	
1.	What did you like most about the training course?
2.	What are your suggestions for improvement of this training course?
3.	Any other comments?

FOR QUALITY ASSURANCE DEPARTMENT USE ONLY:

REVIEWED BY	
Signature, Name, Designation and Stamp	Date
VERIFIED BY QUALITY ASSURANCE MANAGER	
Signature, Name, Designation and Stamp	Date
Remarks:	

INSTRUCTION FOR COMPLETING GAM/Q-045, TRAINING COURSE EVALUATION

Title of Training	Insert title of training/course attended
Training Reference No	Insert training ID/Code if applicable
Venue	Insert venue or place of training being conducted
Start Date to End Date	Insert date of training
Name of Instructor(s)	Insert name of instructor(s) conducting the training
Achievement of Training Course Objectives	Circle appropriate score for each criterion in accordance with the training as applicable.
Learning Outcomes	Circle appropriate score for each criterion in accordance with the training as applicable.
Training Course Content	Circle appropriate score for each criterion in accordance with the training as applicable.
Training Course Techniques / Methodology	Circle appropriate score for each criterion in accordance with the training as applicable.
Training Course Management	Circle appropriate score for each criterion in accordance with the training as applicable.
Assessment of Instructional Staff	Circle appropriate score for each criterion in accordance with the training as applicable.
Training Course Benefit	Tick in the appropriate box.
Others	Insert comment or recommendation as required
FOR QUALITY ASSURANCE DEPARTMENT USE ONLY	
Reviewed by	Enter name, signature, designation and stamp of QA Personnel who reviews this course evaluation.
Verified by	Enter name, signature, designation and stamp of QA Manager who verifies this course evaluation.