



Training and Development Provider

# Vocational Education and Training Course Feedback Report Semester .....

**Trainer Name:** \_\_\_\_\_

**Course:** \_\_\_\_\_

**Venue:** \_\_\_\_\_

1. Did the course run as smoothly as possible for you? **YES/ NO**  
If not, please state why or make any necessary comments below;

\_\_\_\_\_  
\_\_\_\_\_

2. Did you find the course venue suitable? **YES/ NO**  
Please comment on any problems, or offer any suggestions for this venue that could help us to improve in the future?

\_\_\_\_\_  
\_\_\_\_\_

3. Were all of your needs and requirements met by both the venue and INAP? (please comment)

\_\_\_\_\_  
\_\_\_\_\_

4. Was communication relayed effectively between VET Coordinators, INAP and yourselves?

\_\_\_\_\_  
\_\_\_\_\_

If you have any other comments, please let us know to help us make improvements to our courses:

\_\_\_\_\_  
\_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_