



# Feedback Form

## We value your input!

Please take a few moments to provide your feedback on the course you have recently completed. Your insights will help us improve and ensure we continue to provide high-quality education and training.

## Course information:

<b>Course Code:</b>	
<b>Course Title:</b>	
<b>Trainer/Assessor Name:</b>	
<b>Date of Completion:</b>	

## Feedback Questions:

<b>1. Overall Experience</b>	
How would you rate your overall experience with this course?	
<input type="checkbox"/>	Excellent
<input type="checkbox"/>	Good
<input type="checkbox"/>	Average
<input type="checkbox"/>	Poor
<input type="checkbox"/>	Very Poor

<b>2. Course Content</b>	
How relevant and useful was the course content?	
<input type="checkbox"/>	Extremely relevant
<input type="checkbox"/>	Very relevant
<input type="checkbox"/>	Somewhat relevant
<input type="checkbox"/>	Not very relevant
<input type="checkbox"/>	Not relevant at all



### 3. Trainer/Assessor

How would you rate the Trainer/Assessor's effectiveness in delivering the course material?

	Excellent
	Good
	Average
	Poor
	Very Poor

### 4. Learning Materials

How useful were the learning materials? (e.g handouts, online resources etc)

	Extremely useful
	Very useful
	Somewhat useful
	Not very useful
	Not useful at all

### 5. Practical Application

To what extent do you feel the course has prepared you to apply what you've learnt in a real-world setting?

	Very well prepared
	Well prepared
	Moderately prepared
	Slightly prepared
	Not prepared at all

### 6. Course Organisation

How would you rate the organization and structure of the course?

	Excellent
	Good
	Average
	Poor
	Very Poor

### 7. Communication

How effective was the communication from Austral College?

	Very effective
	Effective
	Neutral
	Ineffective
	Very ineffective



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## 8. Facilities and Resources

How satisfied were you with the facilities and resources provided during the course?

<input type="checkbox"/>	Very satisfied
<input type="checkbox"/>	Satisfied
<input type="checkbox"/>	Neutral
<input type="checkbox"/>	Dissatisfied
<input type="checkbox"/>	Very Dissatisfied

## 9. What did you find most valuable about this course?

Please type your answer below:

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## 10. What improvements would you suggest for this course?

Please type your answer below:

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## 11. Additional Comments

Please type your answer below:

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## Personal Information: (Optional, not a requirement)

<b>Full Name:</b>	
<b>Email Address:</b>	
<b>Phone Number:</b>	

**Your feedback is invaluable to us.**

Thank you for taking the time to share your thoughts!

Warm Regards,  
The Austral Team