

Feedback Form

Full name			
Date of birth	Click here to enter a date.	Student ID	
Email contact			
Phone contact			
Course Title/Code:			
Trainer/Assessor			

Section 1: Training Experience

Please rate the following statements:

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The course content was clear and relevant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My trainer was knowledgeable and supportive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training materials were helpful and well-organised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was engaged and motivated during the training sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The learning environment was inclusive and respectful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Version	V2.0	Document Name	Feedback Form
RTO Code.	46300	RTO Name	Vocational Augment Training (VAT)
CRICOS Code.	04305F	Page number	1

Section 2: Assessment and Support

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Assessment tasks were clear and fair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understood how my assessments were marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I received helpful feedback on my assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support services met my learning needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend this RTO to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 3: Trainer Evaluation

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The trainer gave an overview of the training program at the onset of each session and explained the assessment process adequately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trainers' knowledge and skills were relevant to this course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt my questions were clearly answered by the trainer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trainer satisfactorily controlled the group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The presentation of each session was relaxed and confident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trainer demonstrated that they had current skills and knowledge of their industry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trainer allowed enough time for questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Version	V2.0	Document Name	Feedback Form
RTO Code.	46300	RTO Name	Vocational Augment Training (VAT)
CRICOS Code.	04305F	Page number	2

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Consent to Share Feedback:

☐ I give permission for my feedback to be used anonymously for quality improvement or promotional purposes.

Office Use Only		Date:	Initials:	PLEASE FORWARD COMPLETED FORM TO RTO's Admin Team
	Reviewed and added to Evaluation Feedback Summary			



Version	V2.0	Document Name	Feedback Form
RTO Code.	46300	RTO Name	Vocational Augment Training (VAT)
CRICOS Code.	04305F	Page number	3