

RTO Form: ORGANISATIONAL EVALUATION FORM

Event Name: _____ Date/s: _____
Event Location: _____
Trainer Name: _____

1. Did this training meet your needs as discussed when you booked?

Yes No

2. Would you recommend MDS Training to other organisations?

Yes No Maybe

3. Please comment on how your employee's performance and/or behaviour has changed or improved as a result of this session

4. Is there anything you would have liked us to do differently?

If your consent is given, MDS Training would like to use comments from this evaluation as testimonial evidence. This could identify your name and/or organisation. If you are willing for the information given here to be used for this purpose, please sign below.

Organisation Name: _____ Name: _____

Please sign here: _____