

RTO Form: RPL TRAINING EVALUATION

Course/qualification name: _____

Trainer/Assessor name: _____

- 1. Was the assessment RPL package set up in a format which you could understand easily?**

Yes No

Comment: _____

- 2. Did the RPL tool support you in drawing on your previous and current work experiences?**

Comment: _____

- 3. Once you commenced the RPL process did you think you would have preferred to have undertaken course based work?**

Yes No

Comment: _____

- 4. Did you feel you were able to provide a variety of evidence to attain competence?**

Comment: _____

5. What would you say are the most important or useful things that you have learnt in completing the RPL tool?

6. Do you have any other comments or suggestions that could help us improve the RPL process for future students?

MDS Training, would like to, if consent is given, 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.

Please sign here: _____