**Unpaid Carer Awareness Training for Professionals**

**Evaluation Form**

|  |  |
| --- | --- |
| **Date** |  |
| **Location of training** |  |
| **Trainer/s** |  |

***Please Tick the options that most accurately reflect your opinions.***

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Unsure** |
| **Were you able to understand the objectives of the session?**  |  |  |  |
| **Were you encouraged to participate?**  |  |  |  |
| **Did you feel the trainer/facilitator had a good understanding of the subject?**  |  |  |  |
| **Did you feel that the training style or method met your needs?**  |  |  |  |
| **Do you feel what you understood the objectives to be, have been met?**  |  |  |  |

**What did you like most about the training?**

**Is there anything that you feel could be improved?**

**Any additional comments or feedback?**

**Thank you for completing this feedback form, if you require any further information regarding the session please contact Lynne on 07815 463219 or Kathy on 07815 465534**