



**MTU TRAINING CONCEPTS PTY LTD**

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**Participant Training Evaluation Sheet**

*Please take a moment to evaluate this training. Your feedback is important to us and assists us to maintain/improve our course material and presentation. Please circle the number that is most reflective of your experience. Your feedback may be used for marketing purposes.*

<b>Your Name(optional):</b>	<b>Instructor(s) Name:</b>	<b>Organisation:</b>
<b>Location/Venue:</b>	<b>Workshop Dates:</b>	<b>Occupation :</b>

<b>Was this training useful?</b>	1 2 3 4 5 6 7 8 9 10 Not much Very useful
<b>Was the material easy to understand?</b>	1 2 3 4 5 6 7 8 9 10 Difficult Easy
<b>How do you rate the instructor(s) presentation?</b>	1 2 3 4 5 6 7 8 9 10 Poor Very Good
<b>Would you recommend this training to others?</b>	1 2 3 4 5 6 7 8 9 10 Not at all Definitely
<b>Were the Manuals/Workbooks useful?</b>	1 2 3 4 5 6 7 8 9 10 Not much Very useful

**What did you find most important to you in this training?**

**If you could change one thing about this training, what would it be?**

**THANK YOU FOR YOUR TIME**