

# *Training Evaluation Form*

*Employee Name:*

*Training Date:*

*Training Title:*

*Training Provider:*

*Associated Costs (£):*

*Approved By:*

*Date Evaluation  
Completed:*

Were the training objectives met? (If not, please specify)

What did you gain from this training?

How will you apply your new skills/knowledge?

What could hinder or prevent you from doing this?

Would the course material or your notes be helpful to your colleagues?

*Advise Better  
Live Better*