

## CST Completion Survey

<b>Course Name:</b>		<b>Facilitator Name:</b>	
<b>Training Provider Name:</b>		<b>Date</b>	

<b>How was the course delivered?</b>	<input type="checkbox"/> Face to face	<input type="checkbox"/> On-line	<input type="checkbox"/> A combination of both
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Pre-enrolment	Strongly Disagree 1	Disagree 2	Neither agree or disagree 3	Agree 4	Strongly Agree 5
I had access to sufficient information about the course before I decided to enrol. eg fees, entry requirements, course outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was asked about my learning support needs before I enrolled in the course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TOTAL:</b>					

Course Content	Strongly Disagree 1	Disagree 2	Neither agree or disagree 3	Agree 4	Strongly Agree 5
The course content was easy to understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The course content was suited to my requirements and/or work role	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The key topics were covered in sufficient detail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I will be able to apply the knowledge/skills gained from the course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The course content was consistent with the published course outline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TOTAL:</b>					

Course Content	Strongly Disagree 1	Disagree 2	Neither agree or disagree 3	Agree 4	Strongly Agree 5
The course material was clear and easily understood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The course material followed the course outline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TOTAL:</b>					

The Trainer	Poor 1	Average 2	Good 3	Excellent 4	N/A – as course delivered solely on-line 5
Was able to provide real world explanations and examples when required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encouraged questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responded adequately to questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was consistently prepared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrated adequate subject knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TOTAL:</b>					

Knowledge obtained	Poor 1	Average 2	Good 3	Excellent 4	N/A – as course delivered solely on-line 5
<b>BEFORE</b> attending this training, I would rate my knowledge of this subject to be :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>AFTER</b> attending this training, I would rate my knowledge of this subject to be :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TOTAL:</b>					

Training Provider Experience	Strongly Disagree 1	Disagree 2	Neither agree or disagree 3	Agree 4	Strongly Agree 5
On arrival, staff were professional and courteous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The venue was comfortable and conducive to learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The equipment used for training was satisfactory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TOTAL:</b>					



Recommendations	Strongly Disagree 1	Disagree 2	Neither agree or disagree 3	Agree 4	Strongly Agree 5
I would recommend this course to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend the training provider to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TOTAL:</b>					

**Summary Comments:**

What, if anything, would you suggest we change to improve the course?

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**Thank you for taking the time to complete this form**

**For CITB administration only**

Further action required? YES  NO

Comments

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Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Follow up with Training Provider:

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