

Client Feedback Form

Name		Date	/	/
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Course		Assessor	
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What brought you to Australian Institute of Vocational Training (AIVT) ? (can tick more than one)

Type of Course
 Price of Course
 Recommended
 Local
 Previous client of Impact

Other (please specify) _____

Please tick the appropriate response	Poor	Average	Good	Very Good	Excellent
Instructor's Presentation was professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trainer's knowledge of the course covered was good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The course content was appropriate to my industry, up to date and relevant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The course material was of a professional quality and was easy to understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The pace of the course was suitable for my requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practical Exercises/Scenarios	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Materials Provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training Aids Provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tick the appropriate response	Yes	No
Are you confident to use this knowledge on your worksite?	<input type="checkbox"/>	<input type="checkbox"/>
Would you recommend anybody else for this course?	<input type="checkbox"/>	<input type="checkbox"/>
If you answered NO to either of the questions above can you explain why?		

Please tick the appropriate response	Yes	No
During the training did you experience any injury to any part of your body?	<input type="checkbox"/>	<input type="checkbox"/>
Did you inform your instructor of any injury you received during training? (Note A First aid incident report form F18.3 is required to be completed)	<input type="checkbox"/>	<input type="checkbox"/>
If YES explain the nature of the injury		

Signature: _____		

Have you any further comments you like to make?
