



SURF LIFE SAVING
NEW SOUTH WALES

Participant Evaluation Form

Season: 2021/22
Date Revised: July 2021
Version No: 5.0

The results of this evaluation form will be used to improve the overall quality of our training. Your name is not required. Based on your experience of the delivery of this course, please provide a rating for each of the aspects stated.

GENERAL INFORMATION

| | | | |
|---------------------|--|-------------------|--|
| Course Name | | Course Start Date | |
| Location | | | |
| Name of Trainer(s) | | | |
| Name of Assessor(s) | | | |

| | Strongly Agree | Agree | Disagree | Strongly Disagree |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Pre-course information | | | | |
| Information provided before the course was clear and useful | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The course covered what I expected | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| It was clear from the start what was expected of me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Course delivery | | | | |
| The activities used and materials provided helped me to learn | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The trainer was enthusiastic and made the course interesting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The trainer encouraged me to participate in all activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Assessment | | | | |
| I was ready for all assessment activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Assessment activities were clearly explained | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The Assessor provided me with constructive feedback | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The assessment was a fair test of my knowledge and skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Outcomes | | | | |
| The course provided me with the knowledge and skills I needed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| As a result of the course, I am now confident in my abilities in this area | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

General comments / feedback

Please include here any additional feedback / comments which could assist in improving our training: