**** **Date:**

**TRAINING FEEDBACK FORM**

|  |  |
| --- | --- |
| **Employee’s Details** | **Training Details** |
| Name**:**  | Course Title:  |
| Grade: Dept:  | Vendor:  |
| Job Title: Location:  | Duration:  |

**1. Training Assessment** (Kindly score in %)

|  |  |  |  |
| --- | --- | --- | --- |
| **Criteria/Score** | **Maximum Score %** | **Your Score %** | **Remarks (If any)** |
| Training Content | 40 |  |  |
| Training Venue | 30 |  |  |
| Vendor | 25 |  |  |
| Meals/Refreshment  | 5 |  |  |

**2. Training Summary** (Kindly state highlights of the course. You may attach additional sheet(s) of paper if required)

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| --- |
|  |

**3. How will the new training benefit you in your job**

**4. What do you hope to do differently in your job**

**5. Areas of improvement/ any other information**

Sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

Sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

 **HR Officer**

***\*Kindly attach photocopy of training certificate and return to HR/Admin within 3 days.***