



Evaluation Form

Thank you for attending this course. In order to help us improve our training courses in the future we would be grateful if you could take a few minutes to complete this questionnaire.

1. Where did you find out about the course?

- CILIP Update/Gazette Brochure
- CILIP website Colleague
- CILIP South Western Newsletter Email
- CILIP South Western website Other (please state)

2. How did you find the course as a whole?

- Very interesting Quite interesting Not very interesting

3. What did you think of the venue and facilities?

- a) **catering** excellent Good Ok Unsatisfactory
- b) **facilities** excellent Good Ok Unsatisfactory
- c) **comfort** excellent Good Ok Unsatisfactory
- d) **location** excellent Good Ok Unsatisfactory

4. Please tell us of two of your objectives in attending this course.

1).....

2).....

5. Have your objectives been met?

- Mostly Somewhat No

If no, please briefly tell us why?

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6. **Would you recommend colleagues to attend a similar course in future?**

- Highly recommend Recommend Not recommend

7. **What did you think of the supporting materials (if any)?**

- Excellent Good OK Unsatisfactory

Please comment:

8. **What progression in this subject do you feel you have made by choosing this training?**

- | | | | | | | |
|---|--------------------------|-----|--------------------------|-------|--------------------------|----|
| I have changed my attitude about this subject | <input type="checkbox"/> | Yes | <input type="checkbox"/> | Maybe | <input type="checkbox"/> | No |
| I have been inspired | <input type="checkbox"/> | Yes | <input type="checkbox"/> | Maybe | <input type="checkbox"/> | No |
| I have learned new skills | <input type="checkbox"/> | Yes | <input type="checkbox"/> | Maybe | <input type="checkbox"/> | No |
| I have new knowledge and understanding | <input type="checkbox"/> | Yes | <input type="checkbox"/> | Maybe | <input type="checkbox"/> | No |
| I can progress to the next level and want to learn more | <input type="checkbox"/> | Yes | <input type="checkbox"/> | Maybe | <input type="checkbox"/> | No |

Do you have any comments?

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9. **Do you intend to do things differently as a result of attending this course?**

- Yes Maybe No

10. **What other subjects would you suggest for future courses?**

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11. **Are you a member of CILIP?**

- Yes Not yet No

If you are a member or work in a related profession please tell us which one

- Museums Archives other (please specify)
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May we contact you for further information about your comments (optional)?

Name:.....email:.....

Thank you for your time. Please hand this form to your trainer at the end of the course.