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Oxfordshire and Buckinghamshire Mental Health NHS
NHS Foundation Trust

Learning & Development Department

L&D Post Event Course Evaluation Survey

Please help us provide learning that is relevant and will help you make a difference.

Name

Course

Date / /

It would be very helpful if you could complete the attached questionnaire so that we can improve our future health services around your needs as employees.

Staff Group (please select)

- ☐ Admin
- ☐ CPN
- ☐ Estates & Facilities
- ☐ Housekeeper
- ☐ Manager
- ☐ Medical (Dr)
- ☐ Medical – Training
- ☐ Nursing - Reg
- ☐ Nursing – Non Reg
- ☐ OT
- ☐ Pharmacy
- ☐ Physio
- ☐ Psychology
- ☐ Social Worker
- ☐ Other

Service (please select)

- ☐ Addictions
- ☐ Adults
- ☐ CAMHS
- ☐ Older Adults
- ☐ Specialist Services
- ☐ HR
- ☐ Estates & Facilities
- ☐ Finance
- ☐ Eating Disorders
- ☐ Other

Course Feedback	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The training techniques used to teach the different skills/concepts maximised my learning	☐	☐	☐	☐	☐
The skills/concepts taught are highly relevant to my job/role	☐	☐	☐	☐	☐
The facilitators style, methods and pace helped me to learn	☐	☐	☐	☐	☐
What I have learnt will significantly enhance my job/role performance	☐	☐	☐	☐	☐
I feel strongly motivated to apply these new skills/concepts to my job/role	☐	☐	☐	☐	☐
I believe the course achieved the stated objectives	☐	☐	☐	☐	☐
I would highly recommend this learning solution to my peers	☐	☐	☐	☐	☐

Satisfaction	Disatisfied	Somewhat Disatisfied	Somewhat Satisfied	Satisfied	Exceed Expectations
I would describe my overall satisfaction with the logistics (administration/venue etc) supporting this course to be	☐	☐	☐	☐	☐
I would describe my overall satisfaction with the facilitation provided in the course to be	☐	☐	☐	☐	☐
I would describe my overall satisfaction with the course content to be	☐	☐	☐	☐	☐

Please indicate your level of satisfaction with a VERTICAL LINE

- I would rate the quality of the learning solution to be
- Please comment on **any** aspect of the course: