

Course Evaluation Form

Dear Candidate,

We hope that you have had an enjoyable and instructive course. To enable us to ensure high standards, correct any shortcomings and make improvements will you please take a few minutes of your time to complete and return this questionnaire. If you are in anyway dissatisfied with the service provided please put your concerns in writing to enable us to fully address the issues that you raise.

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Thank you,					
Roger Millward, Chief Executive Officer Swimming Teachers' Association					
Details of Course Attended					
Location FORZEDOWN PRIMARY Date 12-2-15					
Type of Course Level 2 Award			Cou	irse Ref	7260
Please indicate, by ticking the relevant box, your asse	essment of the	cours	se comp	onents set ou	it below.
	Excellent	Good		Average	Poor
Swimming pool (if applicable)				-	
Lecture room	The state of the s				
Course content					**
Lecturer					
Course handouts					
Course equipment (if applicable)	-				
Course organisation					
Overall impression of course					
Did the course meet your expectations? (If no please give details below) No (Delete as appropriate)					
Were you advised, by the course organiser, what was expected of you prior to the start of the course?					ppropriate)
Were you given your manual at least 48 hrs before start of the course?			Yes / No (Delete as appropriate)		
Please add below any further comments you wish to reach the second of th	nake about the	e abo	ve cours	se:- delive	eved
- NANN tha	MKS	1	7	Ü	7
Candidate's Name: A. WANDENR	50G	•		ate: 17 -	2.15