



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.

Thank you,

Roger Millward,
Chief Executive Officer
Swimming Teachers' Association

Details of Course Attended

Location RICHMOND GATE HOTEL Date 12/11/2015
Type of Course LEVEL 2 AWARD POOL RESPONDER Course Ref 121390

Please indicate, by ticking the relevant box, your assessment of the course components set out below.

	Excellent	Good	Average	Poor
Swimming pool (if applicable)	<input checked="" type="checkbox"/>			
Lecture room	<input checked="" type="checkbox"/>			
Course content	<input checked="" type="checkbox"/>			
Lecturer	<input checked="" type="checkbox"/>			
Course handouts	<input checked="" type="checkbox"/>			
Course equipment (if applicable)	<input checked="" type="checkbox"/>			
Course organisation	<input checked="" type="checkbox"/>			
Overall impression of course	<input checked="" type="checkbox"/>			
Did the course meet your expectations? (If no please give details below)	<input checked="" type="radio"/> Yes / <input type="radio"/> No (Delete as appropriate)			
Were you advised, by the course organiser, what was expected of you prior to the start of the course?	<input checked="" type="radio"/> Yes / <input type="radio"/> No (Delete as appropriate)			
Were you given your manual at least 48 hrs before start of the course?	<input checked="" type="radio"/> Yes / <input type="radio"/> No (Delete as appropriate)			

Please add below any further comments you wish to make about the above course:-

The course organiser (DAVE PERRY) was
an excellent teacher.

Candidate's Name: KERI MCINTYRE Date: 12/11/2015