



# TRAINING/CONFERENCE/EVENT REPORT FORM

## Section A: (To be completed by staff)

Name			
Designation / Department		Date	
Director's / Manager Name			
Training/Conference/Event Title			
Name of Trainer's / Presenter			
Training Type	<input type="checkbox"/> In-House / Internal <input type="checkbox"/> External		

### A) Overall Evaluation of Training Course

	Evaluation Criteria	Please (√) only one answer		
		Yes	Maybe	No
1	Is the training course relevant to your work?			
2	Is the external training course of value for the price paid? (Don't answer for in-house training)			
3	Is the training venue/place/location suitable for purpose			
4	Is the training usefulness of new knowledge & skill acquired			
5	List of three (3) importance concept/ideas that you have learned int his training that will help you in your work	i.		
		ii.		
		iii.		
6	List of specific application that you can use on your job	i.		

Please tick (√) the benefits that you gained from the training course

	No benefit at all
	Increase job-related knowledge for immediate use in my work
	Increase general knowledge. Although it us not job-related
	Help me increase understanding toward job-related and apply ideas for improving my work
	Help me understand and implement company policies and procedures.
	Other benefits (please elaborate) :
	.....



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## B) Trainer Evaluation

Trainer Topic: 1 = Poor 2= Below Average 3= Average 4= Good 5= Excellent		
Evaluation Criteria	Rating (1-5)	Comment
Clarity of Presentation		
Topic Coverage		
Easy to Understand the Presentation		
Good Illustration with drawing or Pictures		
Good Notes provided		
Responding the participant's questions		
Suffice time for question		
Rating of the Presenter		
Overall Assessment		
Total	/45	
Percentage (%)	%	

c) Would you want a follow-up course? **YES / NO** If so, in what particular subject(s) or topics(s)?

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d) Submission together with this report

	Detail	Please tick (✓)
a.	Proceeding / hand notes of the conference / event / workshop / training. If any.	
b.	A copy of the certificate of Attendance.	

☐ I confirm that the particular given in my evaluation report are the best of my knowledge and understanding.

Name	Signature	Date