

Section One: Record

Employee Name/s:		
Job Title:		
Name of Learning/ Development/Training Event Undertaken:		Internally delivered
		Externally delivered
Date/s Undertaken:		

Section Two: Evaluation

1. Were your learning objectives achieved?	Fully Partially Not at all
2. What did you feel was the best part of this learning/ training/development and why?	
3. How will you apply this learning/ training/development back in the workplace?	
4. Would you recommend this learning/training/development to your colleagues?	
5. Is there anything that can be improved?	
6. Any other comments?	

Thank you for taking the time to complete this form

Please return one copy to your manager and one copy to Human Resources

HR Use:	Input on CHRIS:	Date:
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