



# COURSE EVALUATION

To be completed by Course Participant

The Healing Trust strives to provide excellence in all its Courses and to monitor this provision we would greatly appreciate your taking the time to complete and return this evaluation sheet. *This information will be treated in confidence.*

<b>Course Title:</b>	<b>The Healing Trust – Parts 1 to 4</b>		
<b>Course Finish Date:</b>		<b>Course Venue:</b>	
<b>Name of Tutor 1:</b>		<b>Name of Tutor 2:</b>	

<b>OVERALL RATING OF COURSE – YOUR COMMENTS COUNT!</b>	
<b>Pre-Course Administration:</b>	
<b>Course Organisation:</b>	
<b>Course Content:</b>	
<b>Value for Money:</b>	

<b>What did you find most inspiring about the Training?</b>			
Comment:			

<b>Did you have sufficient opportunity to ask questions?</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
Comment:				

<b>How do you intend to progress with your Healing Development towards your Panel?</b>			
Comment:			

<b>Would you recommend this training to others who may find it beneficial in their lives?</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
Comment:				

**If you have any special needs that you shared with your Tutor prior to the course, how satisfied are you that these were met?**

Comment:

**Please state how you benefitted from the Course and what you enjoyed most.**

Comment:

**Do you have any additional comments not covered by the questions above?** (please use a separate sheet if necessary)

Comment:

**Will you attend further Healing Trust courses?**

**Yes**

**No**

Comment:

**Your Name:**

**Membership No:**

**S**

**Address:**

**Postcode:**

**Contact No:**

**Home:**

**Mobile:**

**Email:**

**Comment for your Tutor (if any):**

**Please return this form direct to your Tutor or direct to the address below:**

The Healing Trust, Bull End, 1 Strixton Manor Business Centre, Strixton, Northamptonshire. NN29 7PA

Thank you.