## **Training Feedback Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **To be filled by Trainee** | | | | | | | | | | | | | | | | | | | | |
| Employee Name: Budhi Maya Subba | | | | | | | | | | | | | Date: 14-12-22 | | | | | | | |
| Trainer Name & Designation : Jamba Choeda, Basis Admin | | | | | | | | | | | | | | | | | | | | |
| Course Title: SAP Basis | | | | | | | | | | | | | | | | | | | | |
| Location (Institute, Country): | | | **Thimphu TechPark Limited, Bhutan** | | | | | | | | | | | | | | | | | |
| Training Date: | | | **25th July to 29th July 2022** | | | | | | | | | | | | | | | | | |
| Training Type *(please tick)* | | | In-House | | | | | C:\Users\USER\Desktop\t.pngIn-Country | | | | | | Ex-Country | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **SN** | | **Particulars** | | | | | **Strongly Agree** | | **Agree** | | **Neutral** | | | | **Disagree** | | | | **Strongly Disagree** | |
| **Course Contents** | | | | | | | | | | | | | | | | | | | | |
| 1. | | The objectives of training were clearly defined | | | | | C:\Users\USER\Desktop\t.png | |  | |  | | | |  | | | |  | |
| 2. | | The content was organized and easy to follow | | | | |  | | C:\Users\USER\Desktop\t.png | |  | | | |  | | | |  | |
| 3. | | The materials distributed were pertinent and useful | | | | |  | | C:\Users\USER\Desktop\t.png | |  | | | |  | | | |  | |
| **Resource Persons** | | | | | | | | | | | | | | | | | | | | |
| 4. | | The Resource Persons were knowledgeable about the training topic | | | | | C:\Users\USER\Desktop\t.png | |  | |  | | | |  | | | |  | |
| 5. | | The quality of instructions was good | | | | |  | | C:\Users\USER\Desktop\t.png | |  | | | |  | | | |  | |
| 6. | | The Resource Persons met the training objectives | | | | |  | | C:\Users\USER\Desktop\t.png | |  | | | |  | | | |  | |
| **Relevance & benefit** | | | | | | | | | | | | | | | | | | | | |
| 7. | | Training was relevant to my needs | | | | | C:\Users\USER\Desktop\t.png | |  | |  | | | |  | | | |  | |
| 8. | | Training met my expectations | | | | |  | | C:\Users\USER\Desktop\t.png | |  | | | |  | | | |  | |
| 9. | | The training experience will be useful in my work | | | | |  | | C:\Users\USER\Desktop\t.png | |  | | | |  | | | |  | |
| **SN** | | **Particulars** | | | | | **Strongly Agree** | | **Agree** | | **Neutral** | | | | **Disagree** | | | | **Strongly Disagree** | |
| **Facility & Environment** | | | | | | | | | | | | | | | | | | | | |
| 10. | The training rooms and facilities were adequate and comfortable | | | | |  | | | C:\Users\USER\Desktop\t.png | | |  | | | |  | | | |  |
| **Training Duration** | | | | | | | | | | | | | | | | | | | | |
| 11. | The duration of training program was adequate | | | | | **Long** | | | | **Enough** | | | | | | | **Short** | | | | |
|  | | | | C:\Users\USER\Desktop\t.png | | | | | | |  | | | | |
| **If duration of training is not Enough, then please suggest (Use additional paper, if required):** | | | | | | | | | | | | | | | | | | | | |
| **Overall Training Rating** | | | | | | | | | | | | | | | | | | | | |
| **Overall how do you rate this training** | | | | | | **Excellent** | | | **Good** | | | **Average** | | | | **Poor** | | | | **Very poor** |
|  | | | C:\Users\USER\Desktop\t.png | | |  | | | |  | | | |  |
| **Any other observations/recommendations (Use additional paper, if required):**  **No Comments.** | | | | | | | | | | | | | | | | | | | | |
| **The training was in conformity with the training need identified in my EAS?** | | | | | | | | | | | | C:\Users\USER\Desktop\t.png**Yes** | | | | | | **No** | | |
| **Total Training Investment** | | | | | | | | | | | | | | | | | | | | |
| Course/Registration fees: | | | | Nu. 5000.00 | | | | | | | | | | | | | | | | |
| DSA, TA & Other Misc. Expenses: | | | | Nu. 8000.00 | | | | | | | | | | | | | | | | |
| **Signature of Trainee** | | | |  | | | | | | | | | | | | | | | | |
| **To be completed by HRA** | | | | | | | | | | | | | | | | | | | | |
| Training Records Noted by: | | | | |  | | | | | | | | | | | | | | | |
| Date & Signature | | | | | DD/MM/YY | | | | | | | | | | | | | | | |