**Quality Assurance Framework Workshops Evaluation**

**Date:**

**Session:**

***Thank you for attending this workshop session.***

***We value your feedback and look forward to hearing your views of the session***

1. **Please tick the relevant box**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Strongly Agree | Agree | Disagree |
| Workshop was relevant to my needs |  |  |  |
| Materials provided were useful |  |  |  |
| Length of the workshop was sufficient |  |  |  |
| Content was well organised |  |  |  |
| Questions were encouraged |  |  |  |
| Instructions were clear and understandable |  |  |  |
| Workshops met my expectations |  |  |  |
| Trainer was effective |  |  |  |
| Presentation was effective |  |  |  |
| Course content was relevant |  |  |  |

1. **General Comments**

**What aspect of this workshop did you find most helpful / what did you like the most?**

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**What aspect of this workshop did find least helpful / what did you like the least?**

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**Any suggestions for future QAF workshops/ what QAF topics would you like to see in the future?**

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**Thank you for providing your feedback**