

PLASTICA POST TRAINING REVIEW

Name: _____ Department: _____

Course Title: _____

Training By: _____ Int / Ext *

Date of Course: _____ Duration: _____

Objective of Course: _____

Topics Covered: _____

FEEDBACK:

Yes No

1. Was objective achieved? ☐ ☐

2. Did you benefit from attending? ☐ ☐

3. Is further training required on this topic? ☐ ☐

ADDITIONAL COMMENTS – please provide further feedback for the trainers.

If you answered NO to question 1 or 2 or YES to question 3, please provide further details

MANAGERS COMMENTS

Trainee Name: _____ Manager Name: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

* Delete as appropriate

(Please return to Sarah Newman)