FORM: PSA-LD-012b	Course Evaluation/Exit Review: Short Course

Candidate Name	
Candidate Ref. No.	
Qualification Title	

SELF ASSESSMENT – COMPLETE PROGRAMME

How well did you engage with the course?	
How much further are you to achieving your training and career goals, as specified in your ILP?	

ASSESSMENT OF TRAINING – COMPLETE PROGRAMME

How satisfied are you with the delivery of the qualification?	
Do you feel confident that the qualification has prepared you for your chosen career path?	
Do you have any suggestions for improvement in the training?	

Candidate Name			
SIGNATURE		**DATE**	

Trainer Name			
SIGNATURE		**DATE**	