***Date of Training:***

***Presenter’s Name:***

***Venue & Location:***

***Training (Please circle): Foundation Training: Y/N Practitioner Training: Y/N***

***Please complete the evaluation for today’s training session – your feedback is valuable to us and is appreciated.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Criteria** | **Strongly**  **agree**  **4** | **Agree**  **3** | **Disagree**  **2** | **Strongly**  **Disagree**  **1** | **Not**  **Applicable**  **0** |
| Training was relevant to my needs |  |  |  |  |  |
| Materials provided were helpful |  |  |  |  |  |
| Length of training was sufficient |  |  |  |  |  |
| Content was well organised |  |  |  |  |  |
| Questions were encouraged |  |  |  |  |  |
| Instructions were clear and understandable |  |  |  |  |  |
| Training met my expectations |  |  |  |  |  |
| The presenter and / or presentation was effective |  |  |  |  |  |
| Venue & Location was comfortable |  |  |  |  |  |

1. What did you enjoy most today?

2. What did you learn today that you anticipate using in your job?

General Comments:

***Thank you for taking the time to help us improve our training for PCI DSS. Please return this form to your line manager***