

Congratulations on successfully completing your course!

Please share with us your Tubal experience, as your feedback will help us improve and strive to do better in the future.

	YES	NO
Did you understand the expectations of this course at induction, and was it consistently maintained?	<input type="checkbox"/>	<input type="checkbox"/>
Were your rights and responsibilities as a student explained to you by the Trainer/Assessor?	<input type="checkbox"/>	<input type="checkbox"/>
Was Tubal's Learning Management System (LMS) clearly explained to you by the Trainer/Assessor at induction?	<input type="checkbox"/>	<input type="checkbox"/>
Were you able to use the LMS on your own after it had been explained to you?	<input type="checkbox"/>	<input type="checkbox"/>
Did you find the LMS user-friendly?	<input type="checkbox"/>	<input type="checkbox"/>
Did you find the training resources adequate?	<input type="checkbox"/>	<input type="checkbox"/>
Did you feel supported by the Trainer/Assessor throughout your learning process?	<input type="checkbox"/>	<input type="checkbox"/>
Was the Trainer/Assessor available when you needed assistance?	<input type="checkbox"/>	<input type="checkbox"/>
Did you feel confident in the Trainer/Assessor's knowledge in the subject matter?	<input type="checkbox"/>	<input type="checkbox"/>
Were your prior skills and knowledge recognised when you started this course? (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Were the reasonings behind doing this course explained to you, and possible career pathways from completing this course?	<input type="checkbox"/>	<input type="checkbox"/>
Were your expectations of the course met?	<input type="checkbox"/>	<input type="checkbox"/>
Please rate your overall satisfaction with the course		
Poor <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Excellent		
<i>Would you like to make a comment on how we could make the learning experience better?</i>		

Thank you for taking the time to provide your feedback

Your name: (optional) _____

Employer/Organisation: _____ Date: _____

Please send the completed form to admin@tubal.com.au, or hand it to your Trainer/Assessor.