

Learner Feedback Form

To be completed by the Learner on completion of each unit of competency.

MAXIMA aim to continuously improve services, ensure compliance with the VET Quality Framework and improve the facilities offered to all clients/learners. As one of our valued learners, your feedback is an important part of our continuous improvement process. *Thank you for taking the time to complete this feedback form.*

Learner Name: (optional)		Date:	
Unit Code:		Course Code:	
Unit Name:			
Course Name:			
Trainer/Assessor Name:			

With reference to the delivery/assessment of the above unit of competency, please rate MAXIMA in terms of the following:		Excellent	Good	Satisfactory	Unsatisfactory
1	Technical resources and equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	The venue and related facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Learning resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Assessment resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Achievement of learning and assessment outcomes were clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Trainer/Assessor knowledge and expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Trainer/Assessor was well prepared, organised and on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Support provided by trainer/assessor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Length of the session/s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Course content relevant to industry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Course content relevant to current position (if relevant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	The overall service you received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. What recommendations for improvement do you have?	
10. Other comments	

Office Use Only		Date:	Initials:
	Reviewed and added to Evaluation Feedback Summary		

**PLEASE POST COMPLETED FORM TO
147 William Street, Beverley SA 5009
OR EMAIL TO
training@maxima.com.au**

