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 Please refer to our Website (www.saiw.co.za) for any further information

## TRAINING FEEDBACK FORM

COURSE DETAILS								
COURSE TITLE								
TRAINING DATES	Start Date		End Date					
LECTURER								
CANDIDATE NUMBER / NAME								

COMPANY

Please note that completion of this section is not mandatory

Dear Valued Student,

The SAIW relies on you, our valued customer, to provide us with an honest and unbiased assessment of the services provided. Your opinion is of utmost importance and shall guide SAIW management in their efforts to improve our service to industry.

Thus, please provide us with constructive feedback and feel free to indicate dissatisfaction with any of the service aspects. If you have found any service facet unacceptable (③)), please make a suggestion as to how the particular service component can be improved.

This assessment is to aid the institute in complying with the requirements of all industrial participants, and will not in any manner be misconstrued or affect a student's standing on the course and to this extent the candidate is free to stay anonymous should they so require.

Your assistance is sincerely appreciated

Kind regards SAIW Management

COURSE FEEDBACK (Issued after training course is completed)										
Please rate the following aspects based on the scale indicated. Please make suggestions where aspects found to be unacceptable.										
Unacceptable 🛞		Acceptable	Exc	Excellent 🙂						
Course Aspect					<b>:</b>	$\odot$				
1. Pre-course interaction & information availability, via website, telephonically, printed media, etc.										
2. Course presentation										
3. Lecturer's communication skills, knowledge transfer, interaction with students,										
4. Lecturer's subject knowledge, practical demonstrations and mentor of practical skills										
5. Course Notes, code books (if applicable) and other material provided										
6. Homework & assignments										
7. Equipment, samples & consumables (if applicable)										
8. Venue										
9. Canteen services										
10. Would you recommend the course to any of your friends / family / colleagues										
ADDITIONAL COMMENTS / REMARKS / OBSERVATIONS										
SUGGESTIONS FOR SERVICE IMPROVEMENT										
SIGNATURE			DATE							

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