

## APPENDIX 23 – STAFF DEVELOPMENT/TRAINING EVALUATION FORM

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Development/Training opportunity (eg course title): \_\_\_\_\_

Dates and length of training: \_\_\_\_\_

(1) Did this development/training opportunity meet your learning needs? Yes/No

(i) How did it?

(i) If it didn't, please state why:

(2) How have you applied what you have learnt to your role in NICVA?

(3) What skills have you acquired or updated?

(4) Are there any recommendations you would make to NICVA as a result of your learning?

(5) Would you recommend this to other people? If not why?

Staff member's signature: \_\_\_\_\_

Line Manager's signature: \_\_\_\_\_

Date: \_\_\_\_\_