



TULIP COCOA  
PROCESSING LTD.

# TRAINING EVALUATION

FORM

HRF-17/V-01

Last Reviewed:  
Sept 21, 2018

## 1. PARTICIPANT'S DETAILS

<b>Name:</b>	
<b>Job Title:</b>	
<b>Department:</b>	

## 2. TRAINING DETAILS

<b>Training Title:</b>	
<b>Location:</b>	
<b>Trainer:</b>	
<b>Training Date(s):</b>	

## 3. TRAINING EVALUATION

*Tick the appropriate column to indicate the extent to which you agree with the statements below*

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	The objectives of the training were clearly defined					
2	The topics covered were relevant to my needs at work					
3	The facilitator was well-prepared and knowledgeable about the topic(s)					
4	The training materials were easy to understand and helpful					
5	The training-venue was conducive and I was able to concentrate on learning					
6	The facilitator allowed sufficient room/time for questions and interaction in class					
7	The objectives of the training were met					
8	I know how to apply the new knowledge to my job					
9	Overall, I am satisfied with the training					



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## 4. KNOWLEDGE APPLICATION

*Liaise with your Manager to agree on at least, 3 improvement actions, relating to what you learnt in class. Please make your action statements as SMART as possible. (i.e. Specific + Measurable + Achievable + Realistic + Time-bound).*

S/N	Improvement Action	How frequently will this action take place? (e.g. Daily, Weekly, Monthly, etc.)	Assessment of planned action is due by this date:
1			Dec 23, 2018
2			Dec 23, 2018
3			Dec 23, 2018
4			Dec 23, 2018

*\*You may attach additional sheets, if necessary*

## 5. SIGNATURES

	Name	Signature	Date
Employee:			
Line Manager:			