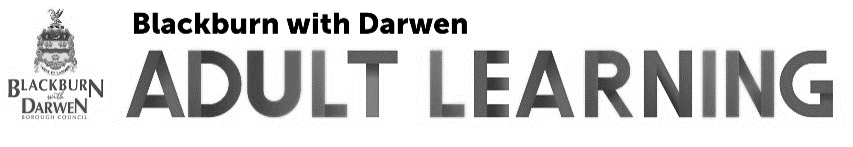
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**Learner Feedback Sheet – Health**

Please tell us about your experience.

|  |  |
| --- | --- |
| **Name: (Optional)** | **Course Code:** |

*Please answer all the questions by placing a tick (✓) in the appropriate boxes.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Strongly Agree** | **Agree** | **Disagree** | **Strongly disagree** |
| 1. | The course met my needs well. |  |  |  |  |
| 2. | The course was delivered in a way that helps me build on my existing knowledge. |  |  |  |  |
| 3. | The course venue was good. |  |  |  |  |
| 4. | I was treated fairly on this course. |  |  |  |  |
| 5. | The course provided a positive and safe learning environment. |  |  |  |  |
| 6. | I was well supported and received the help I needed to help me succeed on the course. |  |  |  |  |
| 7. | I would recommend the course to others. |  |  |  |  |
| 8. | I think that this course has contributed to creating a feeling where people from different backgrounds can get on well together. |  |  |  |  |
| 9. | I am given feedback that helps me improve. |  |  |  |  |
| 10. | The course prepared me well for my next steps into further learning and/or employment and/or volunteering. |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 11. | I am more motivated to maintain a healthy lifestyle. |  |  |  |  |
| 12. | My self-confidence has improved. |  |  |  |  |
| 13. | The course has encouraged me to take up new hobbies or interest. |  |  |  |  |

14. What else have you gained from attending this programme?

|  |  |
| --- | --- |
| I feel more confident about the subject | I have improved my skills |
| I have improved my job prospects | The programme has helped me in my job |
| I feel more confident I can learn new things | I socialised/made new friends |

We value your feedback. Please use the section below to share your comments about your learning experience. We will use the information to make things better for future participants.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Thank you for taking the time to complete this questionnaire