



Participant Feedback Form

NHS Health Scotland is **committed to delivering high quality training** that provides opportunities for participants to learn and develop; strengthening local delivery systems to achieve health improvement goals. Evaluating training is a key part of our quality assurance process. We would be grateful if you could take the time to complete this form. We will use the amalgamated data to provide **intelligence about the quality** of the training and the profile of participants, including if we are attracting particular target groups for various courses.

Your responses to these questions **are confidential** unless you agree to be followed up by indicating that in Section B2

If you have any comments you would like to provide directly to NHS Health Scotland please email training@healthscotland.com or telephone 0131 313 7510. **Thank you for taking the time to complete this form;** your feedback is very important to us.

SMHFA (code: SMHFA P)	Date of training
Trainer(s)	Location of course

Was there a payment for this course?

Yes (please insert cost if known:)

No

Don't know

1. Do you agree that the training course met the following learning outcomes?:

	Strongly Disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree
I am aware of the key mental health issues in Scotland	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understand what depression is & how it affects people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know how to ask about suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can better recognise and respond appropriately to anxiety and panic disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can better understand and respond appropriately to people with psychosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know how to guide people towards appropriate help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. In what way did the course meet or not meet its learning aims (with reference to above, if possible).

3. What are the main ways you will apply the learning from this course? Please tick up to 3.

- | | | | |
|----------------------------------|-----------------------|----------------------------------|-----------------------|
| In my practice generally | <input type="radio"/> | Training others | <input type="radio"/> |
| In specific parts of my practice | <input type="radio"/> | Passing on information to others | <input type="radio"/> |
| In my personal life | <input type="radio"/> | To improve services | <input type="radio"/> |

Other, please indicate here:

4. What have you mainly gained from this course? Please tick up to 3.

- | | | | |
|-------------------------|-----------------------|---------------------|-----------------------|
| Improved skills | <input type="radio"/> | Improved confidence | <input type="radio"/> |
| Improved knowledge | <input type="radio"/> | New ideas | <input type="radio"/> |
| New contacts/networking | <input type="radio"/> | | |

Other, please indicate here:

5. What is your view of the trainer's performance?

	Excellent	Good	Average	Poor
Presentation skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pace of the course	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of material	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to lead discussions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helping the group to work well together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encouraging individuals to participate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using appropriate methods to support learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Showing a commitment to equality and diversity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you have any suggestions for improvement?

6. Were the materials used (course handbooks, handouts, presentations, etc.):

	Excellent	Good	Average	Poor
Relevant to the course learning outcomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relevant to your work / practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Available in time to make use of them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Showing a commitment to equality and diversity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please give us any suggestions for improvements to these materials:

7. Did the planning and organisation of the training meet your expectations?

	Excellent	Good	Average	Poor
Pre-course joining instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pre-course information about the training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessibility of the venue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall quality of the venue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A8. Please use the box below if you want to provide any other comments on the quality of this training course:

8. How did you find out about the course?

Word-of-mouth - manager	<input type="radio"/>	Health Scotland website	<input type="radio"/>
Word-of-mouth - friend	<input type="radio"/>	Leaflet	<input type="radio"/>
Word-of-mouth - colleague	<input type="radio"/>	Information card	<input type="radio"/>
Poster	<input type="radio"/>	email	<input type="radio"/>
Advert	<input type="radio"/>		

Other website (please state:)

9. Would you be willing to take part in a follow up discussion about your feedback for this course (no more than a half hour interview)?

- No
 Yes

If yes, please insert your contact details (this will not affect the anonymity of your responses):

Name:	
Contact telephone number:	
Email address:	

Thank you for taking the time to complete this form

NHS Health Scotland Learning and Workforce Development will never collect sensitive information about you without your explicit consent. **We will use this information in relation to marketing, monitoring targets and ensuring equal access for all.** Your information will only be processed and treated in accordance with current UK legal provisions and in line with the requirements of the 1998 Data Protection Act. **Your information will only be disclosed to NHS Health Scotland staff** who are required to receive and use this information for marketing, monitoring targets and ensuring equal access for all.

If you do not wish your information to be held by NHS Health Scotland please write to NHS Health Scotland Learning and Workforce Development Team at the address below. Should you wish, at any time, to view, update or rectify the information you have voluntarily given us please contact the Data Protection Officer at:

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