

**CONSOLIDATED FEEDBACK REPORT TO BE SUBMITTED BY COURSE PROVIDER IN THE FORMAT AS SET OUT BELOW**

**Course Name:**

**Course Date:**

**Course Provider name:**

|  |  |
| --- | --- |
| No. of Pax attended: |  |
| No. of Forms:(Note: Course providers conducting Professional Competencies are required to ensure that at least 60% of participants for each course complete the post course evaluation form)  |  |
| **COURSE** | **RATING** | % |  |  |  |  |  |  |  |  |   |   |
|  | **5** | **4** | **3** | **2** | **1** | **Total** |
| Course content was useful and relevant to my needs |  |  |  |  |  |  |  |  |  |  |  |  |
| Course materials were up-to-date, well organised and presented in sufficient depth |  |  |  |  |  |  |  |  |  |  |  |  |
| Course coverage was comprehensive |  |  |  |  |  |  |  |  |  |  |  |  |
| Case studies presented were useful |  |  |  |  |  |  |  |  |  |  |  |  |
| Course objectives were consistent with course as advertised |  |  |  |  |  |  |  |  |  |  |  |  |
| Overall, I would rate the course |  |  |  |  |  |  |  |  |  |  |  |  |
|   | **Yes** | **No** | **No Ans** | **Total** |  |  |  |  |  |  |  |  |
| **Would you recommend this course to others to attend?** |  |  |  |  |  |  |  |  |  |  |  |  |
| **TRAINER’s Name:** | **RATING** | % |  |  |  |  |  |  |  |  |  |  |
|  | **5** | **4** | **3** | **2** | **1** | **Total** |
| Trainer demonstrated a comprehensive knowledge of the subject |  |  |  |  |  |  |  |  |  |  |  |  |
| Trainer spoke clearly and distinctly. He/She is able to hold my interest |  |  |  |  |  |  |  |  |  |  |  |  |
| Trainer's course delivery in terms of explaining the concepts and giving real life examples. |  |  |  |  |  |  |  |  |  |  |  |  |
| Trainer encouraged questions and interact with the course participants to facilitate learning |  |  |  |  |  |  |  |  |  |  |  |  |
| Trainer able to handle the Q&A session well. |  |  |  |  |  |  |  |  |  |  |  |  |
| Trainer's sharing of his/her real estate practitioner's experience is useful to my learning |  |  |  |  |  |  |  |  |  |  |  |  |
| Overall, I would rate the trainer |  |  |  |  |  |  |  |  |  |  |  |  |
| (Note: To add in additional tables if there are more trainers involved in the CPD course) |  |  |  |  |  |  |  |  |  |  |  |  |
| **Other topics and/or speakers you would like to have:** |
| **Course Participants’ Comments (positive or negative):**  |
| **Actions to be taken by provider to improve CPD course (if any):** |

**Submitted by: (KEO/ Chief Executive in charge of the training provider) or a staff authorised by them**

**To provide name, designation and signature**