

## Training Feedback Form

**Name of Training:** \_\_\_\_\_

**Trainer(s):** \_\_\_\_\_

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

**Location:** \_\_\_\_\_

Your name: \_\_\_\_\_

How many years have you been a RACCP home caregiver? \_\_\_\_\_

Why did you attend the training today?

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

Has the training increased your knowledge on the topic?

Yes

Somewhat

No

Comments: \_\_\_\_\_

\_\_\_\_\_

Has the training increased your confidence in caring for persons with this condition?

Yes

Somewhat

No

Comments: \_\_\_\_\_

\_\_\_\_\_

As a result of today's training, are you interested in caring for a person with this condition in your home?

Yes

Maybe

No

Comments: \_\_\_\_\_

\_\_\_\_\_

May we contact you if a person with this condition is interested in living in a RACCP home?

Yes, my phone number: \_\_\_\_\_

No