**Personal Details** (Optional)

Name: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email address: Click or tap here to enter text.

**Which safeguarding training are you providing feedback on?** (select one)

|  |  |
| --- | --- |
| Safeguarding Induction (Level 1) | Local Safeguarding Representative Training |
| Applied Safeguarding Training (Level 2) | Integrity in Ministry Training (Clergy, Religious, Seminarians, Postulants) |

**Provide a rating for the following statements.**

1. The aim of the training is clear.

Disagree Strongly  Disagree  Neutral  Agree  Agree Strongly

1. The content of the training is relevant.

Disagree Strongly  Disagree  Neutral  Agree  Agree Strongly

1. The training delivery format is appropriate.

Disagree Strongly  Disagree  Neutral  Agree  Agree Strongly

1. The duration of the training is appropriate.

Disagree Strongly  Disagree  Neutral  Agree  Agree Strongly

**What training content did you find most relevant or valuable?**

Click or tap here to enter text.

**What other content would you like included in the training?**

Click or tap here to enter text.

**How would you improve the training?**

Click or tap here to enter text.

**Overall, how do you rate the training?**

Very Poor  Poor  Satisfactory  Good  Very Good

**Other Comments:**

Click or tap here to enter text.

**Thankyou for your feedback.**

Please save the completed evaluation form and send it to the Office for Safeguarding Services by:

Email: [safeguardingaob@bne.catholic.net.au](mailto:safeguardingaob@bne.catholic.net.au) OR Post: People & Culture PO Box 282 Brisbane Qld 4001