**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.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

1. The content of the training is relevant.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

1. The training delivery format is appropriate.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

1. The duration of the training is appropriate.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

**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