|  |  |  |
| --- | --- | --- |
|  | **Training Evaluation Form** |  |

Please fill in this form to provide the training team with feedback about the course:

|  |  |
| --- | --- |
| **<Course Name>** | |
| Location: | <Course Location> |
| Date: | <Course Dates> |
| Trainer(s): | <Trainers of the course> |

**Instructions:**

Please indicate your level of agreement with the statements listed below.

Please note that all data is collected anonymously and there is no link to your identity or affiliation. However, you can provide your contact details optionally at the end of the form. All the collected data will be used solely for the evaluation and improvement of the EOSC-hub training activities, unless you choose otherwise.

**Please USE block capital letters to fill the form and RETURN it to the trainer(s)!**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Poor** | **Fair** | **Average** | **Good** | **Very Good** | **Excellent** | **Comments** |
| **Objective: <Description>** | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | |
| **Overall Evaluation** | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | |
| **Presentations** | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | |
| **Lab Exercises** | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | |
| **Advertising & Registration** | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | |
| **Facilities** | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | |
|  | | | | | | | | |
| **Where did you hear about this training?** |  | | | | | | | |
| **What did you like most about this training?** |  | | | | | | | |
| **What did you like least about this training?** |  | | | | | | | |
| **Which of the training subjects were the most useful to you?** |  | | | | | | | |
| **Which of the training subjects did you find the least useful?** |  | | | | | | | |
| **Which aspects of the training could be improved?** |  | | | | | | | |
| **What kind of additional training would you like to receive from EOSC-hub in the future ?** |  | | | | | | | |
| **If you have any further comments about the training, please add them here** |  | | | | | | | |

Please tick which title applies to your current role (you may select more than one heading)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Data Manager |  | Operational Manager |  | Chief Information officer |  |
| Data Librarian |  | Operational Staff |  | Software Developer |  |
| Researcher |  | Senior Management |  | Service Provider |  |
| Data creator/author |  | Funder |  |  |  |
| Data Scientist |  | Policy maker |  |  |  |

□ I agree if the EOSC-hub training teams shares my contact details with other EOSC-hub activities, and EOSC-hub member institutes.

Personal details: (Optional)

|  |  |
| --- | --- |
| Contact: |  |
| Organization: |  |
| Email address: |  |

**Thank you for taking the time to complete this form!**