

No.Fail:

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FEEDBACK FORM

MINIMUM WAGE TRAINING FUND PROGRAMME

This survey is intended to evaluate and assess effectiveness of the training attended by your employee as well as the level of satisfaction on the service by the training providers. Your feedback will ensure that the appointed training centre is providing relevant and quality training. All information will be treated with highest confidentiality and please send these form to the respective training providers not later than 3 month after your employees undergo the training.

PROFILE OF THE TRAINING ATTENDED

Name of the training programme :

Date of the programme attended :

Cost of total fees paid :

Name of training centre/providers :

Name of the employee :

Please state your score for the level of satisfaction on your employee's performance based on the scale below.

Part A: To Be Completed by Participants

(a)	Did the program attended suits the field of your work? <div style="display: flex; justify-content: space-between; font-size: small;"> Not Suitable Less Suitable Average Suitable Very Suitable </div>	
(b)	Have your knowledge / skills increased for the job? <div style="display: flex; justify-content: space-between; font-size: small;"> No change Slightly increased Moderately Increased Increased Increase significantly </div>	
(c)	State the barriers faced to apply learning in the workplace. (If any)	
TOTAL		

Part B: To be Completed by Employers

(a)	<p>Level of overall productivity</p> <p>No change Slightly increased Moderately Increased Increased Increase significantly</p> <p>1 2 3 4 5</p>	
(b)	<p>Level of efficiency</p> <p>No change Slightly increased Moderately Increased Increased Increase significantly</p> <p>1 2 3 4 5</p>	
(c)	<p>How do you evaluate the level of skills upgrading on your employees overall performance</p> <p>No change Slightly increased Moderately Increased Increased Increase significantly</p> <p>1 2 3 4 5</p>	
(d)	<p>Evaluate the frequency of application of knowledge / skills of employees at the workplace</p> <p>Never Once a While Average Always Very Often</p> <p>1 2 3 4 5</p>	
(e)	<p>State the weaknesses that still need to be improved by workers</p> <p>_____</p>	
(f)	<p>We *would/wouldn't like to send our staff to this training centre next time.</p>	
TOTAL		

Note: * Please circle your choice

Thank you for your participation in the survey

I / we declare that all info given are true and PSMB has the right to take any necessary action if the information provided inaccurate.

Name:.....
 Designation:.....
 Name of Company:
 Telephone No :
 E-mail :
 Date:.....
 Signature :

COMPANY STAMP