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FEEDBACK EVALUATION

**TRAINING & EDUCATIONAL EVENT (CTEE) ACCREDITATION**

## SECTION 1: Provider Name and Address Details

|  |  |
| --- | --- |
| Title of CTEE: (*in English language*) |       |
| Title of CTEE: (*in national language*) |       |
| Provider(s) / institution(s) name: |       |
| Role of person completing this document: |       |
| Contact email: |       |
| Date of CTEE: | dd / mm / yyyy |

## SECTION 2: Applicant Feedback

The purpose of this document is for those events which have passed through the accreditation process to provide feedback to ensure that APHEA continually improve its service. APHEA will provide open feedback through the website of any discussions and changes taken in to account from these evaluations.

We would appreciate your assigning a numerical value according to your level of satisfaction about each item according to a Likert scale:

1 = Strongly disagree

2 = Disagree

3 = Neutral

4 = Agree

5 = Strongly agree

|  |  |
| --- | --- |
| 1. The application process was consistent with information provided in the handbook. |  |
| Comments:       |

|  |  |
| --- | --- |
| 2. APHEA provided sufficient consultation throughout the process. |  |
| Comments:       |

|  |  |
| --- | --- |
| 3. The criteria provided a useful basis to help us reflect upon the organisation of our CTEE |  |
| Comments:       |

|  |  |
| --- | --- |
| 4. The criteria allowed us to provide an accurate and fair representation of our CTEE. |  |
| Comments:       |

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| --- | --- |
| 5. The criteria by which the CTEE is evaluated are appropriate, clear and fair. |  |
| Comments:       |

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| 6. The criteria are valid indicators for judging quality of a CTEE. |  |
| Comments:       |

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| 7. Do you suggest any changes in the accreditation criteria? | [ ] yes | [ ] no |
| If yes, please explain:       |

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| --- |
| 8. Please provide any additional comments you wish to make about the accreditation process. |
| Comments:       |

**Thank you very much for your comments!**