**Candidate Evaluation Form for ELSK-L2 & USM-L2**

We hope you have enjoyed your training. Please complete this evaluation form to provide CPCAB with your feedback. You can include your name if you like, or keep your feedback confidential.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Which qualification? Please mark appropriate box: ELSK-L2 ***□*** USM-L2 ***□*** | | | | | | | |
| Candidate name: |  | | | | | | |
| Centre name: |  | | | | | | |
| Date you started: |  | | | | | | |
| Date your course will finish: |  | | | | | | |
| For the questions below, please mark the box that best matches your experience of the qualification. | | Definitely agree | Slightly agree | Not sure | Slightly disagree | Definitely disagree | Not applicable |
| I found the course content was right for the qualification | |  |  |  |  |  |  |
| I found the assessment clear and understandable | |  |  |  |  |  |  |
| I found the course was long enough for me to meet all the requirements | |  |  |  |  |  |  |
| I found the coursework enabled me to demonstrate my knowledge, understanding and skills | |  |  |  |  |  |  |
| I found that the course met my individual learning needs | |  |  |  |  |  |  |
| This course has helped my confidence in the subject area | |  |  |  |  |  |  |
| I have enjoyed my study | |  |  |  |  |  |  |
| Any other comments about the qualification | | | | | | | |