**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 |