


Onsite Trainer Feedback Form



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This is a short survey to gather feedback on your recent onsite training support. Post Office is always trying to improve learning content and delivery and your feedback will be very helpful to allow us to do this.

The survey will take around 5-10 minutes to complete.

Any questions marked with a red asterisk require a response

* Required

Key Information


This section captures the basic information related to your onsite training support. Providing information in this section allows Post Office to undertake more targeted improvements to training, however we do appreciate that you may want to provide feedback anonymously and therefore the name, dates and branch details fields are optional

1. Your name (Optional)

Enter your answer

2. What was your first date of onsite support? (Optional)

(If you would prefer not to put the exact date, leave this blank and simply tell us the month our trainer was at your branch in Q3 below)

Please input date (dd/MM/yyyy) 

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3. Which month did you receive onsite support? (Optional)

Select your answer

4. What is your branch name (Optional)

Enter your answer

5. What is your fad code? (Optional)

Enter your answer


6. What is the name of your trainer *

Select your answer

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* Required

Onsite Support

This section covers the trainer and onsite support you had

7. The onsite trainer was effective in helping you (and your staff) to understand the learning, and how to apply it in branch? *

☐ Strongly Agree

☐ Agree

☐ Disagree

☐ Strongly Disagree

8. The onsite trainer's style complemented my learning experience. *

☐ Strongly Agree

☐ Agree

☐ Disagree

☐ Strongly Disagree

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9. The onsite trainer was organised and prepared. *

☐ Strongly Agree

☐ Agree

☐ Disagree

☐ Strongly Disagree

10. The onsite trainer was knowledgeable. *

☐ Strongly Agree

☐ Agree


☐ Disagree

☐ Strongly Disagree

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Training Outcome

The training is to ensure you understand the **product, transactions and the processes** that you need to follow. This section of the survey will ascertain how confident you now feel in those three areas.

11. Now that you have completed the training, how confident would you say you now feel with your knowledge of **products and services**? *

☐ Very Confident

☐ Confident

☐ Not very confident

☐ Not at all confident

12. Now that you have completed the training, how confident would you say you now feel with the **completion of horizon transactions**? *

☐ Very Confident

☐ Confident

☐ Not very confident

☐ Not at all confident

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13. Now that you have completed the training, how confident would you say you now feel with **customer conversations and product transaction processes**? *

- ☐ Very Confident
- ☐ Confident
- ☐ Not very confident
- ☐ Not at all confident

14. Now that you have completed the training, how confident are you to complete **back office tasks** such as **Balance Period, Trading Period and Remittances**? *

- ☐ Very Confident
- ☐ Confident
- ☐ Not very confident
- ☐ Not at all confident

15. Please supply any further feedback (optional)

Enter your answer



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* Required

Final Thoughts

16. What are the most important things you learned from this onsite training? *

Enter your answer

17. Is there anything you feel should be changed or improved in the onsite training and why? *


Enter your answer

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Submit

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