


## Post Office Classroom Feedback Form (2023)



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This is a short survey to gather feedback on your recent attendance of Post Office classroom training. 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 classroom training. 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 and classroom date/month fields are optional


1. Your Name (Optional)

2. What was your first date of attendance of classroom training? (Optional)


*(If you would prefer not to put the exact date, leave this blank and simply tell us the month you attended classroom in Q3 below)*

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3. Which month did you attend the classroom training? (Optional)

Select your answer 


4. How many days did you attend classroom?

Select your answer 


5. What level of experience of working on the Post Office Counter did you have prior to attending classroom?

Select your answer 


6. Name of the Classroom Trainer \*

Select your answer 

7. Classroom Location \*

Select your answer 



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\* Required

### Training Room Facilities

This section covers the training room facilities

8. The classroom facilities were comfortable and the environment was good for my learning \*

☐ Strongly Agree

☐ Agree

☐ Disagree

☐ Strongly Disagree

9. Please supply further details to expand on your rating above (optional)

Enter your answer



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\* Required

### Training Course Content

This section covers the content of the classroom training you completed.

10. I was able to achieve the course learning objectives \*

☐ Strongly Agree

☐ Agree

☐ Disagree

☐ Strongly Disagree

11. I found the course materials/ handouts useful and easy to use \*

☐ Strongly Agree

☐ Agree

☐ Disagree

☐ Strongly Disagree



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12. I found the structure of the course and the time of each session to be appropriate \*

- ☐ Strongly Agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

13. Considering the learning content covered in classroom what is your view on the time allotted for classroom learning? \*

Select your answer : 

14. Please supply further details to expand on any of the ratings you have given in this section (optional)


Enter your answer

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\* Required

### Training Course Delivery

This section covers the delivery of the classroom course

15. I felt engaged during each session of the course \*

☐ Strongly Agree

☐ Agree

☐ Disagree

☐ Strongly Disagree

16. I was comfortable with the pace of the training \*

☐ Strongly Agree

☐ Agree

☐ Disagree

☐ Strongly Disagree



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17. I was given the opportunity to ask questions and fully understand the responses \*

- ☐ Strongly Agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

18. I was given enough opportunity to practice the learning \*

- ☐ Strongly Agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

19. Please supply further details to expand on any of the ratings you have given in this section (optional)

Enter your answer



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\* Required

### 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.

20. Now that you have completed the course, 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

21. Now that you have completed the course, 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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22. Now that you have completed the course, 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

23. Please supply further details to expand on any of the ratings you have given in this section (optional)

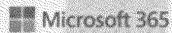
Enter your answer

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### Final Thoughts

24. What are the most important things you learned on this course? \*

Enter your answer

25. Is there anything you feel should be changed or improved on this course and why? \*


Enter your answer

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Submit

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