



# Patient Care Corporation

## TRAINING EVALUATION FORM

**Training Date:** 2024-08-27 08:00:00  
**Training Title:** Company Orientation  
**Facilitator:** Mr Robert Sampang

Please complete the evaluation form for today's training session. Kindly tick off your level of agreement with the listed statement below.

	Strongly Agree	Agree	Disagree	Strongly Disagree
<b>Please Rate the Following:</b>				
<b>FACILITATOR</b>				
was well prepared	✓			
encouraged active participation from the group	✓			
knowledge of the subject matter	✓			
ability to explain and illustrate concepts	✓			
<b>PRESENTATION</b>				
objectives of the training were clearly defined	✓			
content was organized and easy to follow	✓			
topics covered are relevant	✓			
training will be useful in my work	✓			
<b>TRAINING</b>				
objectives of the training was met	✓			
time allotted for the training was sufficient	✓			
venue provided a comfortable setting for learning	✓			

### What did you like about the training?

- I've learned a lot about the Company background, where it started. The process of the accounts. Do's and Don'ts

### How well this training sessions help you achieve your career goals in the future?

- It helps me to understand the process and the flow of every transaction in every accounts.

### What are the changes you can practice as a result of this training?

- I think I will change the way I'm covering the accounts. And of course I learned a lot how to handle training complaints

### What exercises were most effective in helping you understand the subject of this training program? Why?

- On process, dos and dont, company back ground

### What aspect of the training could be improved?

- More activities hehe. But everything is so detailed. And well executed. Thank you Sir Rob!