



GRANT RECIPIENT REPORT

Complete your report and send to:

NADA Member Agencies:

NADA Workforce Development Program

PO Box 2345 Strawberry Hills 2012

Fax: 9690 0727

Email: heidi@nada.org.au

1. GRANT RECIPIENT DETAILS

Your Name

Place of Work

Your Job Title

WDP Grant Approval Number

2. ABOUT THE TRAINING PROGRAM

Title of Training Course

Name of Training Organisation

Date of Training From To

3. CONTENT AND OBJECTIVES

Briefly outline the content and objectives of the training *(Please attach a copy of the program)*.

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4. YOUR IMPRESSIONS OF THE TRAINING *Please tick the statements below that apply*

In terms of relevance to my work, the course content was ...

- essential information and skills
- useful and interesting
- neither essential nor useful to me.

The amount and level of information in the course was ...

- too high – I was at times lost
- too low - I was at times bored
- challenging but manageable.

The delivery / presentation of the course was ...

- well pitched and stimulating
- just OK
- disjointed, not well planned.

Overall, I found that this training ...

- fully matched my expectations
- only partly matched my expectations
- was not at all what I expected.

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5. THE OUTCOMES

What specific skills and knowledge did you gain from this training program?

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How has the training contributed to changes in your work practice?

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How have you been able to share with colleagues what you gained from this training program?

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6. ANY ADDITIONAL FEEDBACK?

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7. AND FINALLY

Your Signature

Date

Please return your completed form by mail, fax or email within four weeks of the training. Thank you.