##### TRAINING EVALUATION FORM

Complete this form before leaving, being as open and constructive as possible so that further improvements can be made to the service.

Where options are provided: E (Excellent), G (Good), S (Satisfactory), P (Poor), please circle your choice. Where comment is required please be as comprehensive as possible.

Programme Title: Date Attended:

Name: Job Title:

**SESSION CONTENT**

**E G S P**

**Were the objectives clearly defined?**

Comments:

**Participation was encouraged**

Comments:

**The topics covered were relevant to me**

Comments:

**The content was organised and easy to follow**

Comments:

**The training experience was useful in my work**

Comments:

**The trainer was well prepared**

Comments:

**The time allowed for the training was sufficient**

Comments:

**The room was adequate for the training and the number of people present**

Comments:

**Questions were fully answered**

Comments:

FURTHER COMMENTS ON HOW COURSE COULD BE IMPROVED

# Certificate of

**Attendance**

### This is to certify that

Attended the

Falls and Fracture Prevention Training



Signed: Date: / /

Certificate of Attendance

#### Falls and Fracture Prevention Training

Objectives:

To demonstrate:

* An understanding of the risk factors associated with falls
* Knowledge of the practical interventions to manage and to reduce these risks
* An understanding of why falls prevention is so important
* Knowledge of what actions to take in the event of a fall
* An understanding of when and why any kind of fall should be reported
* An awareness of the need to learn from each fall, establishing the contributing factors so corrective action can be taken in order the reduce the risks of similar falls occurring
* Knowledge of the human cost of falls

OBJECTIVES

**To demonstrate:**

* + An understanding of the risk factors associated with falls
  + Knowledge of the practical interventions to manage and to reduce these risks
  + An understanding of why falls prevention is so important
  + Knowledge of what actions to take in the event of a fall
  + An understanding of when and why any kind of fall should be reported
  + An awareness of the need to learn from each fall, establishing the contributing factors so corrective action can be taken in order the reduce the risks of similar falls occurring
  + Knowledge of the human cost of falls



# Certificate of

**Attendance**

### This is to certify that

Attended the

An Introduction to Root Cause Analysis



Signed: Date: / /

Certificate of Attendance

#### An Introduction to Root Cause Analysis

Objectives:

* Demonstrate an understanding of the basic principles of RCA.
* Demonstrate knowledge of the benefits of RCA to individuals and for organizations in terms of learning and making improvements to care.
* Demonstrate an understanding of the importance of accurate, honest and timely reporting of incidents and events.
* Discuss why things can go wrong and the possible consequences when they do.

OBJECTIVES

* + Demonstrate an understanding of the basic principles of RCA.
  + Demonstrate knowledge of the benefits of RCA to individuals and for organizations in terms of learning and making improvements to care.
  + Demonstrate an understanding of the importance of accurate, honest and timely reporting of incidents and events.
  + Discuss why things can go wrong and the possible consequences when they do.

Version 1: April 2017