

BOCCIM

<Insert Logo>

SMME QUESTIONNAIRE

This Questionnaire should be filled in by each SMME that participated in training events under the PSDP at BOCCIM

1. COMPANY / INDIVIDUAL INFORMATION

Name of Company	
Name of Representative	
Email address	
Male/Female	

2. TRAINING INFORMATION

Course / Workshop/ Event Attended	
Date	
Duration of event	

3. EVALUATION OF THE TRAINING

Questions	COMMENT	SCORE
1. Why did you participate in the event? Were the event's objectives met?		/5
2. Did you acquire new knowledge or skills?		/5
3. Will you apply skills learnt in your company		/5
4. How many employees will benefit from your training		/5
5. Was the quality of the training and trainee good, average or poor?		/5
	TOTAL	/25