AMERICAN UNIVERSITY of ANTIGUA | COLLEGE OF MEDICINE

Training Report Form

(June 2018)

SECTION A – EVENT INFORMATION

Type of Training:	☐Workshop	☐Conference	☐Course	☐Webinar	
Title:					
Facilitated by:					
Company:					
Location held:					
Start Date:	**End Date:**				
How would you rate this event?	☐1	☐2	☐3	☐4	☐5 (5 being the highest score)
Would You Recommend This Training for Others?			☐Yes	☐No	

SECTION B – PARTICIPANT INFORMATION

Participant:
Job Title:
Department:
Report Date:

SECTION C – OVERVIEW

SECTION D – HOW COULD I USE THIS INFORMATION TO IMPROVE MY ROLE/ MY DEPARTMENT

Print Name: _____

Signature: _____ **Date:** _____