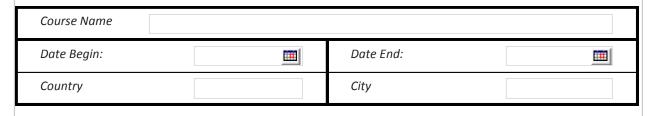
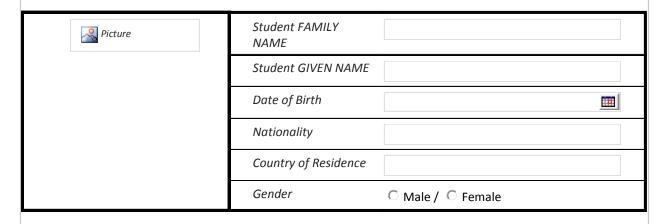
Feedback Questionnaire

Course Reference:



Personal Information



Professional Information

AFFILIATION

Name Company		
Name Department		
Name Division		
Company Address		
Company Post Code		
Country		
Your Position		
Full time / part time	○ Full time / ○ Part time	Telephone 1
Work since	=	Telephone 2
email main		cellphone

email other			Fax		
PROFESSIONAL ACTIVITIES	.				
Describe your activities at the In	stitution				
Describe what are the actual ma	jor challenges that you face i	n your	work		
Describe what are the future ma	aior challenges that you expe	ct to fa	ce in vour work		
	<u>,, , , , , , , , , , , , , , , , , , ,</u>		,		
Information related	to the course				
Did you find the course relevant	for your work?				
C Yes, for most of my activities					
Yes, for some of my activitieSomehow. I understand bett		o do.			
○ No, not really.					
Did you find the course relevant	for your personal developme	ent?			
C Yes, I understand better wha	•	_	nd the importance	of measurements	
Yes, I understand better what A little. The course did not fi	•		ofile and interest		
C The course does not match r					
Please explain what other topics	s would suit your personal an	d profe	ssional background	1	