**Confidence to Cook Training for Trainers**

**Training Evaluation Questionnaire (Pre-Training)**

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**Trainers Name: Date:**

**Trainee’s name:**

*We would appreciate if you take 5 minutes to complete this evaluation questionnaire. Your feedback is greatly appreciated.*

**Q1**: Do you know which venues are available to you locally with kitchen facilities that you can hire for the purpose of delivering C2C class in the community?

**YES / NO**

**Q2**: Do you know where to get information resources such as leaflets, which could be used to be given out to the participants of your C2C classes?

**YES / NO**

**On a scale of 1 to 10, where 1 in not confident at all and 10 is extremely confident, how confident do you feel about the following?**

**Q3**: Your knowledge on Healthy Eating and the different food groups? (Please circle)

**1 2 3 4 5 6 7 8 9 10**

**Q4**: How confident do you feel in your ability to understand & explain food labels to others? (Please circle)

**1 2 3 4 5 6 7 8 9 10**

**Q5:** How confident do you feel in your ability to do a risk assessment to ensure your C2C classes follow the current health & safety guidelines? (Please circle)

**1 2 3 4 5 6 7 8 9 10**

**Q6**: How confident do you feel in your ability to come up with meal ideas when you have very limited ingredients available? (Please circle)

**1 2 3 4 5 6 7 8 9 10**

**Q7**: How confident do you feel in your knowledge on food hygiene & safe food handling? (Please circle)

**1 2 3 4 5 6 7 8 9 10**

**Q8**: How confident do you feel about delivering a C2C Class in the community? (Please circle)

**1 2 3 4 5 6 7 8 9 10**

**Q9:** How confident do you feel about answering difficult questions from course participants? (Please circle)

**1 2 3 4 5 6 7 8 9 10**

**Thank you for completing this questionnaire!**