



New Zealand Pony Clubs Association Inc.

FORM C – Participant Feedback Form

Please Note: This course requires a Participant Feedback Form to be completed by the participants and handed to the Course Organiser at the completion of the course. It is important that the course code is shown above (the course organiser can provide you with this).

Course Code
____ / ____ / ____

Area: **Facilitator:**.....

Type of Course: Equine HM Rider Coaching ECTP Examiner Clinic TD Clinic Refresher/Updating *(please circle)*

Please rate the following: *(please tick the relevant box)*

- | | Good | Satisfactory | Unsatisfactory |
|--|--------------------------|--|--------------------------|
| 1. Overall, how well did the course meet your expectations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: _____ | | | |
| 2. The quality of the Facilitator/s taking the course | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: _____ | | | |
| 3. The amount and value of things you learnt on this course? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: _____ | | | |
| 4. Have you been on this type of course before? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Questions 5 – 7 not required to be completed for Rider courses.

5. Are you enrolled in the NZPCA Equestrian Coaches Training Programme (ECTP)? Yes No Level: __
(If 'no' and you would like some information on the ECTP programme, please contact the Coaching Officer)
6. Do you currently teach at Pony Club rallies Yes No
If yes, How many years have you been teaching at Pony Club? _____
7. Do you currently teach outside of Pony Club Yes No
8. What was your ONE main reason for attending this course?
- As part of ECTP Qualification
 - Upskilling as a Requirement
 - Upskilling for Personal Interest
 - Branch/Club/Area offered for me to go
 - Other: _____
9. Would you attend a future course like this? Yes No
- Comments: _____

Please send this Feedback Form to:
General Manager, NZPCA,
Sports House, P.O. Box 7537,
Taradale, Napier 4141.
Ph: 06 845 9336 x 720