



**NÚCLEO DE ELECTRÓNICA
E ENERGIAS RENOVÁVEIS - NEER**



Av. do Trabalho Nr. 2482; UP - Campus de Lhanguene; Gab. A 2.16; Telefone +258 823818430/ + 258 846028989 Maputo

Final Evaluation Form for the Training Project in:

Date: _____ / _____ / 20_____

Local: _____

Participant's name: _____

Gender: _____ Age: _____

Professional Occupation: _____

Work institution: _____

Private contact (Mobile phone): _____

1. What has changed in your life based on the knowledge and skills developed during the training?

2. Have you already passed on the knowledge and skills you developed during the training to anyone else??

3. What do you need to consolidate the knowledge and skills developed during the training?

4. What lessons were learned after applying the knowledge and skills developed during the training?

5. What recommendations for improvement would you leave for future training sessions?

Thank you very much!