

SUGGESTION & FEEDBACK FORM

DETAILS

Name

NB. You may choose to remain anonymous

Date

Contact Details

NB. Only if you wish to be contacted or kept updated on your suggestion or feedback

WHAT AREA CAN WE IMPROVE IN?

Policies and Procedures

Communication

Administration

Student Support

Training Delivery

Assessment

Other (please specify):

What suggestions do you have to help us improve?

Please provide as much detail as possible and provide examples, where possible.

ADMIN USE ONLY

Name			
Position			
Action Plan Prepared and Communicated to Relevant Personnel (where required)	<input type="checkbox"/> Yes <input type="checkbox"/> No Logged by:	Date	
Responsibilities Assigned and Deadlines Set (if required)	<input type="checkbox"/> Yes <input type="checkbox"/> No Logged by:	Date	
Logged in Continuous Improvement Register (if required)	<input type="checkbox"/> Yes <input type="checkbox"/> No Logged by:	Date	
CEO Signature			
Date			