

THE HEARING AID COUNCIL
CONTINUING PROFESSIONAL DEVELOPMENT

FEEDBACK ON COURSE ATTENDED

The Council would welcome your feedback on any courses you have attended.

Please complete the form below (one form to be completed for each course attended) and return it direct to the Hearing Aid Council at the address below.

COURSE NAME ATTENDED	COURSE DATE	LECTURER	Highly relevant	Mostly Relevant	Fairly relevant	Not very relevant	Totally Irrelevant

Please answer the following:

	Yes	No
Would you recommend this course to a colleague?		
Is this course likely to change your practice?		

Any other comments you wish to make:

Name: _____ Registration No _____

Address: _____

Date: _____ Signature: _____

BSHAA 9 Lukins Drive Great Dunmow Essex CM6 1XQ
