



Quality Assurance Feedback Form

For participants to provide feedback following a course.

Please comment on all aspects of the course, helping us to evaluate and improve our processes.

Please note comments may be discussed with CIMPSA, SQA, various approvers and verifiers.

Course Details

Your Name	
Your e-mail	
Name of the course	
Course format (Select one)	1. online 2. online with individual support 3. online with group class support
Commencement date	
Completion Date	

The course

How did you find out about the course	Word of mouth Direct e-mail Website Other – please specify
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Rate your experience of enrolling on the course	Poor Fair Good Very Good Excellent
Rate the value for money of the course	Poor Fair Good Very Good Excellent
Rate your experience of the course	Poor Fair Good Very Good Excellent
Rate the feedback, exam score and course certificate awarded for your performance in the course	Poor Fair Good Very Good Excellent

After the course

Rate how relevant the course is to your participation in Inclusive Skating	Poor Fair Good Very Good Excellent
How likely would you be to recommend the course to others	Unlikely Likely Very Likely
<p>Additional Comments</p> <p>Do you have any suggestions which you feel could improve our service? If so, please specify.</p>	