

Feedback Form - Candidate Review



Name _____

Did the program give you the confidence to start a new position (please circle)				
No - not at all	Neither yes or no	A little bit	Yes - I feel confident	Comment:
Please rate out of 10 (1 being the worst and 10 being the best) how you found each area of the program				
Learning materials		Comment:		
Facilitators		Comment:		
Placement experience		Comment:		
What was the most interesting or helpful part of the program for you?				
Do you have any suggestions for improvement?				

Signed _____

Date _____