

FEEDBACK QUESTIONNAIRE Event: _____ Date: _____

Please complete this questionnaire in full and return to your facilitator before departing.

Our aim is to provide you with an excellent seminar experience in all aspects. It is therefore important that we know what you prefer, what improvements you would suggest and whether we meet your expectations. Our facilitators value your feedback, as they judge their ability, success and growth by your input. Please assist us in our ongoing strive for quality and excellence.

We thank you in advance for your participation in contributing to our goal of exceptional service!

Please tick (X) the appropriate block.

Excellent	Very Good	Good	Fair	Poor
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Overall Impression					
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Seminar content

• Relevance of course content					
• Sufficiency of time allocated					
• Value for money					
Comments:					

Seminar presenter

• Presentation skills					
• Knowledge of subject					
• Response to questions					
Comments:					

Seminar material

• Quality of the training material					
Comments:					

Venue

• Access					
• Facilities					
• Catering					
Comments:					

More info on back...(pto)

1. Are you a member of a professional body?

SAICA
CIMA
ACCA

SAIPA
ICB
Other, please specify _____

2. How did you find out about this event?

Email
Fax
Postal System

Press
Word of mouth
Other, please specify _____

3. How did you register?

Online
Fax
Email

Other, please specify _____

4. What other topics would you want us to cover, in terms of future seminars/ courses?

5. What industry, corporate environment or financial field do you work in?

6. What position do you hold in the company?

6. Any other comments?

THANK YOU.