

HIBERNIAN HEALTHCARE & HIBERNIAN HEALTHCARE AT HOME LTD

Tutor Feedback Form

QC-TUT-FB-V1.0

Alan Moran

Revision History

Name	Date	Reason For Changes	Version

Review Cycle

Review Cycle	Review Date	Reviewer	Status-Action Needed

Tutor Feedback Report

Course Title:	Venue:
Date: / /	
Instructor Name	
<p>Were there any incidents or injuries reported to you during the course? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, provide details including name and contact details of anyone involved, the nature of the incident and any follow-up action taken by you:</p>	
<p>Was all equipment provided in full working order? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, please give details:</p>	
<p>Was all paperwork, course material and equipment provided and in order? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, please give details:</p>	
<p>Suggestions for course improvement:</p>	

