

HIBERNIAN HEALTHCARE & HIBERNIAN HEALTHCARE AT HOME LTD

## Tutor Feedback Form

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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

<b>Course Title:</b>	<b>Venue:</b>
<b>Date:</b> / /	
<b>Instructor Name</b>	
<b>Were there any incidents or injuries reported to you during the course?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>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:</b>	
<b>Was all equipment provided in full working order? Yes <input type="checkbox"/> No <input type="checkbox"/></b> <b>If no, please give details:</b>	
<b>Was all paperwork, course material and equipment provided and in order?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If no, please give details:</b>	
<b>Suggestions for course improvement:</b>	

