**Student feedback form**

We hope you enjoyed your training experience with us.

Your feedback is valuable to us, please can you complete the form below:

|  |  |
| --- | --- |
| Date: |  |
| Student Name: |  |

For practical training (not applicable for online courses):

|  |  |
| --- | --- |
| **Question** | **Your feedback** |
| **Your tutor**Your tutors name: |  |
| Was your tutor approachable and knowledgeable? |  |
| **Venue**Was the training venue suitable for the training? |  |

For all courses (including online and practical training)

|  |  |
| --- | --- |
| **Question** | **Your feedback** |
| Did you enjoy the course? |  |
| Were your training needs met? |  |
| Were the course materials comprehensive for the training? |  |
| Are you happy for us to post an ‘anonymous’ testimonial from you on our website? If so, please complete below. |  |
| Would you recommend Holistic Therapies Training Academy to others for training? |  |
| What future courses would you be interested in? |  |
| Your testimonial: |  |

You can email your form back to us – learning@holistictherapiestraining.co.uk

Or post it to: Holistic Therapies Training Academy, Unit 1 The old reservoir, Buckland Rd, Bideford, EX39 5EU