



**CHELTENHAM**  
BOROUGH COUNCIL

# Training feedback form

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## 1. About you

YOUR NAME:

MOBILE / TEL NO:

EMAIL:

JOB TITLE:

## 2. About the course

	Agree	Neither agree/disagree	Disagree
The course helped me to achieve my objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The quality of tuition was very good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The information obtained will help me in my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The course structure was set just right with regard to timing, amount covered and logical sequence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The joining instructions were clear and received in plenty of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The course was good value for money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 3. About us

Where did you hear about us?

- Council website
- Search engine (eg. Google/Bing)
- Word of mouth
- Email banner
- Other (please state): .....

### 4. About our services

We offer a range of other licensing services to individuals and businesses. If you would like us to contact you please tick your areas of interest below:

- Help me with making an application for a personal licence
- Help me with making an application for a premises licence

## 5. Do you have any other comments to make?

## 6. Privacy

Your privacy is important to us. Please read about how we will use the information you supplied on this form. Your comments are important to us and are sometimes used on our website quoting your surname and initial.

I am happy for my feedback to be published on the website.