**PROACT-SCIPr-UK® Presentation Feedback Re-Cert**

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| **Participant Name:** |  |
| **Date:** |  |

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| **Presentation Topic:** | |
| ***Incorporating the views of people with lived experience into PROACT-SCIPr-UK® training.*** |  |
| ***Educating and involving Senior Management in the implementation of PROACT-SCIPr-UK®.*** |  |
| ***Sharing Good Practice: Staff Support.*** |  |

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| **Assessment outcome:** | **Pass / Refer** |

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| **Comments:** | |
| **Instructor Name:** |  |
| **Signature:** |  |