# Feedback Form

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| Candidate name |  |
| Title/designation |  |
| Workplace/organisation |  |

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| --- | --- |
| Feedback provided by |  |
| Title/designation |  |
| Date completed |  |

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| **To whom it may concern:**  Thank you for taking the time to provide feedback on [The Candidate's Name]'s work performance.  This feedback form is designed to gather feedback on how well the candidate communicates swith others in their organisation/workplace.  Your feedback and written comments are greatly appreciated because they will help the candidate identify areas in their work.  To complete this survey, please:   * Read through the criteria listed in this Feedback Form. * Indicate whether you disagree or agree with each statement. Tick the box that corresponds to your answer – YES or NO. * Please provide a brief explanation or comment on why you agree or disagree with the statement for each statement. * Provide written comments about the candidate's observation documentation, including:   + Areas they performed well   + Areas for improvement. * Complete all parts of the form, including the *Declaration Section*. * After completing this feedback form, please return it to the candidate to submit it to their assessor for assessment. |

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| **Criteria**  The candidate… | **YES**  (I agree with this statement) | **NO**  (I do not agree with this statement) |
| 1. **is respectful in all communications and interactions.** | YES | NO |
| Explanation: | | |
| 1. **consistently communicates information clearly.** | YES | NO |
| Explanation: | | |
| 1. **provides timely updates.** | YES | NO |
| Explanation: | | |
| 1. **is knowledgeable about the organisation’s products and services.** | YES | NO |
| Explanation: | | |
| 1. **provides accurate information about the organisation’s products/services.** | YES | NO |
| Explanation: | | |

**Areas where the candidate is consistently doing/performing well**

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**Areas for improvement**

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**Other general feedback, comments, and recommendations**

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| **Declaration**  By signing here, I confirm that the information recorded on this Feedback Form is true and accurate. | |
| Signature |  |
| Name |  |
| Date signed |  |

End of Feedback Form