**C - BROAD BASED TRAINING - STUDY LEAVE FEEDBACK FORM (CONFIDENTIAL)**

**Please return this form, completed, (*with your Expenses Claim form*) to your BBT Administrator so that we may keep the quality of courses under constant review.**

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| --- | --- | --- | --- |
| **Trainee Name:** |  | **GMC Number:** |  |

**(or equivalent for Dental/Public Health trainees)**

Description/name of course (please do not complete the form if private Study Leave):

|  |
| --- |
| Course name:  Description (if required): |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates of Study Leave: | from: |  | to: |  |

1. How do you rate the course? (Please put a ‘x’ in the relevant box)

|  |  |  |
| --- | --- | --- |
| VERY GOOD  GOOD  FAIR  POOR  BAD |  |  |
|  |
|  |
|  |
|  |

1. Would you now judge the cost in terms of value for money? (Please put a ‘x’ in the relevant box)

|  |  |  |
| --- | --- | --- |
| OUTSTANDING  AVERAGE  VERY POOR |  |  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 3. Would you recommend the course to another trainee/colleague? | YES |  |  | NO |  |  | PERHAPS |  |

4. Any other comments?

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