



STUDENT FEEDBACK

My feedback is about:

- my course
- trainer(s)
- staff member(s)
- course materials and resources
- facilities
- course requirements such as assessments
- Other, please specify: _____

Provide feedback (*attach additional pages, documents if necessary*)

Your name: (optional)		Student ID (optional)	
Submit this form in the Student Feedback Box.			



Office Use Only

- RTO Manager informed
- RTO CEO informed, if appropriate
- Issue(s) added to RTO Management Meeting Agenda, if appropriate
- Student notified of outcome of feedback, if appropriate

Authorised Officer (signature) _____

Authorised Officer (print name) _____

Date: _____

Notes:

