## LAY REPRESENTATIVE FEEDBACK QUESTIONNAIRE

(To be completed by lay representative)

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| --- | --- |
| Full Name:  |  |
| Type of Event: |  |
| Date of Event: |  |
| Venue of Event: |  |
| Specialty: |   |
|  |
| Were there any problems with the booking arrangements?Comment: | Yes  | No |
| How did you prepare for the event? |
| Was the panel appropriately constituted for the event?Comment: | Yes  | No |
| Were discussions and decisions recorded correctly?Comment: | Yes  | No |
| Were any problems encountered?Comment: | Yes  | No |
| Was the timetable realistic?Comment: | Yes  | No |
| Strengths:   |
| Areas for Improvement:  |
| ***Please return the questionnaire to:***  |
| Michele HannonBusiness Support AssistantHealth Education EnglandBuilding A, Willerby Hill Business ParkHull, HU10 6FE | E-mail to: Michele.hannon@hee.nhs.uk  |
| ***Thank you for completing this feedback questionnaire.*** |