

Coach Feedback Form

(To be completed after you have completed your training)

Name:	
Date:	
Organisation:	

If you need more space, please continue your answers on the back and/or on a separate sheet if necessary.

1. From a personal point of view, how did you *expect* to benefit from your training?

2. How did you *actually* benefit from your training?

3. How has your company/organisation benefited from your learning?

4. Outline how you would like to progress following your learning, both within the company/organisation and personally.

Coach Name

Date:

Signature:

Tutor Name:

Date:

Signature:

Paperwork - What to do!

NB Please send a signed original of this form to the Think Smart Project Co-ordination Unit as it is required to release funding.

Contact: George Skirton – Think Smart Co-ordination unit: 01823 365447

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