



Taster/Short Course - Enrolment & Feedback Form

Enrolment

Course title _____ Date of Course _____

Your name _____

Date of birth _____

Male ☐ Female ☐

Address _____

Postcode _____

Email address _____

Contact number _____

Do you consider yourself to have a disability or learning difficulty? Yes ☐ No ☐

If yes, please give details:

Please describe your ethnic origin: _____

What is your employment status? _____

Feedback

Why did you choose this course?

Have you enjoyed this taster/short course? Yes ☐ No ☐

Did the course meet your expectations? Yes ☐ No ☐

If not what could have been improved?

Did you complete the course? Yes ☐ No ☐

What are you going to do next? _____

Please indicate your overall level of satisfaction with this course by ticking a smiley face

