

Taster/Short Course - Enrolment & Feedback Form

Enrolment			
Course title		Date of Course	e
Your name			
Date of birth			
Male 🗌	Female		
Address			
Postcode			
Email address			
Contact number			
Do you consider you	rself to have a disability or learning difficulty?	Yes 🗌	No 🗌
If yes, please give de	etails:		
Please describe you	r ethnic origin:		
What is your employ	ment status?		
Feedback			
Why did you choose	this course?		
Have you enjoyed this taster/short course?		Yes 🗌	No 🗆
Did the course meet your expectations?		Yes \square	No 🗆
If not what could have	ve been improved?		
Did you complete the course?		Yes 🗆	No □
What are you going	to do next?		
Please indicate your ticking a smiley face	overall level of satisfaction with this course by	0000	0000
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If you have any questions or concerns with completing this enrolment form please contact the Community Learning Manager on 0208 487 5376 or email community-learning@achievingforchildren.org.uk