## LAY REPRESENTATIVE FEEDBACK QUESTIONNAIRE

***(Completed by panel Chair/Lead - please note feedback is shared with Lay Reps)***

|  |  |
| --- | --- |
| Full name of Lay Representative:  |  |
| Type of Event:(please circle) | ARCP | Specialty interviews | School committee | Trainee appeal |
| Other (please state): |  |
| Date(s) of Event: |  | Specialty: |  |
|  |
| Were the arrangements for booking a lay representative satisfactory?  | Yes | No |
| If no, please comment: |
| Did the lay representative arrive on time? | Yes | No |
| Did you understand the purpose of lay representative at the event? | Yes | No |
| Did the lay representative fulfil their purpose in your opinion?1. Understand the process?
2. Satisfactory engagement in the process?
 | Yes | No |
| How would you rate their contribution? (1 negative to 5 positive) | 1 | 2 | 3 | 4 | 5 |
| Any other comments: |
| Form Completed by (full name): |
| ***Please return the questionnaire to:***  |
| Michele HannonQuality AdministratorHealth Education EnglandBuilding A, Willerby Hill Business ParkHull, HU10 6FE | E-mail to: michele.hannon@hee.nhs.uk  |
| ***Thank you for completing this feedback questionnaire.*** |