## 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:*** | | | | | | | | |
| E-mail to: PostgraduateDeansOffice.yh@hee.nhs.uk | | | | | | | | |
| ***Thank you for completing this feedback questionnaire.*** | | | | | | | | |