## LAY REPRESENTATIVE FEEDBACK QUESTIONNAIRE

(To be completed by lay representative)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name: |  | | | |
| Type of Event: |  | | | |
| Date of Event: |  | | | |
| Venue of Event: |  | | | |
| Specialty: |  | | | |
|  | | | | |
| Were there any problems with the booking arrangements?  Comment: | | | Yes | No |
| How did you prepare for the event? | | | | |
| Was the panel appropriately constituted for the event?  Comment: | | | Yes | No |
| Were discussions and decisions recorded correctly?  Comment: | | | Yes | No |
| Were any problems encountered?  Comment: | | | Yes | No |
| Was the timetable realistic?  Comment: | | | Yes | No |
| Strengths: | | | | |
| Areas for Improvement: | | | | |
| ***Please return the questionnaire to:*** | | | | |
| Michele Hannon Business Support Assistant  Health Education England  Building A, Willerby Hill Business Park  Hull, HU10 6FE | | E-mail to: [Michele.hannon@hee.nhs.uk](mailto:Michele.hannon@hee.nhs.uk) | | |
| ***Thank you for completing this feedback questionnaire.*** | | | | |