

## SINGAPORE MEDIATION CENTRE TRAINING AND ASSESSMENT FEEDBACK FORM

This form is for participants who wish to provide feedback regarding SMC Training and Assessment. Please complete all sections to ensure that your feedback is processed accordingly.

### Section 1: Personal Particulars

<b>Full Name</b>		<b>HP No.</b>	
<b>Email</b>		<b>Date &amp; Time of Attending Training/Assessment:</b>	
<b>Programme name:</b>			

### Section 2: Type of Feedback

(Please check the appropriate box)

<input type="checkbox"/>	Feedback on the quality of the training
<input type="checkbox"/>	Feedback on the quality of the assessment
<input type="checkbox"/>	Feedback on the trainer, coach, or assessor
<input type="checkbox"/>	Others: Please specify:

### Section 3a: Details of the Feedback

Summary of the Feedback:

(Please describe the feedback detail, including dates, locations, and individuals involved.)

### Section 3b : Supporting Evidence

(Attach any relevant documents, screenshots, or other evidence supporting your feedback.)

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**Section 4: Declaration**

I confirm that the information provided in this form is accurate to the best of my knowledge.

☐ I understand that the details of my feedback may be shared with relevant parties as part of the process.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_