

FEEDBACK FORM (to be completed by a candidate, please tick/cross the ratings appropriately)

Training & Duration:						
Sl. #	Particulars	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	Relevance: I found the Training relevant.					
2 Institute:						
i	Suitability: I found the institute most suitable for this training.					
ii	Resource Persons: Resource Persons were knowledgeable.					
iii	Service/Facility: Services and facilities were good.					
iv	Environment: Training environment was conducive.					
3 I had no problems in processing my:						
i	Security Clearance Certificate					
ii	Audit Clearance Certificate					
iii	Medical Certificate					
4 Support from my Agency:						
i	Nomination/Selection was transparent, fair and merit-based.					
ii	Processing was on time.					
iii	delivery.					
5 Support from RCSC, if applicable:						
i	Clarification (s) sought was clear.					
ii	Clarification (s) sought was prompt.					
iii	Dealing Official (s) was professional in service					
6 Areas for improvement:						
7 Any other observation/recommendation:						

Name & Signature:

Agency:

Date: