



Course Feedback

We welcome your comments about the time you have spent training with Chardonnay Coast Sailing. Please complete the following details so that we can continue to offer the best sail training possible.

Name: _____ Date: _____
Course: _____

Instructor's Name: _____

Feedback	Poor	Average	Good	Excellent
Were the course requirements covered in sufficient detail?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was the content suited to your requirements?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How easy was the course to understand?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Instructor

Did the instructor clearly explain and demonstrate the exercises?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How well paced was the delivery of information?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the instructor provide helpful feedback?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Facilities

Was the standard of the yacht as you expected?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was the standard of safety equipment satisfactory?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were you satisfied with the food provisioning?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Summary

What, if anything, would you have improved on the course? _____

Do you wish to attend sail training courses, if so, which ones? _____

Any Further Comments? _____

Would you recommend this course to others? Yes No

Many thanks for your participation.

Please return the completed form to *Chardonnay Coast Sailing to PO Box 260, PALMYRA WA 6957.*