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## Training Evaluation Form

The completion of this form helps Bowen Training UK (BTUK); Bowen Association UK (BAUK); and the Complementary and Natural Healthcare Council (CNHC) to maintain high standards of practice in the Bowen Technique. Please complete the form and return to the secretary at the BTUK office (above). Your name, location or any personal details will **not** be used in any feedback given to the course provider. Please refer to policies on [www.bowentraining.co.uk](http://www.bowentraining.co.uk)

Course Title		Date	
Venue			
Instructor(s)			

	Course Rating	Poor	Fair	Average	Good	V. Good	Excellent
Did the course enhance your understanding of the Bowen Technique?							
Was the instruction you received clearly presented?							
Was the venue suitable?							
Were you happy with the amount of time given for practice?							
Were you happy with resources... slides, handouts, documents?							
Were you happy with the standard of professionalism of the Instructor(s)?							
Did the Instructor(s) adhere to time schedule?							
Your Name		BA(UK) membership number					



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What part of the course did you enjoy most?			
Did any part of the course give cause for concern? Please explain.			
Other comments, let us know if we can use positive feedback for social media.			
Signature		CNHC membership number	