|  |
| --- |
|  **FEEDBACK FORM TO CANDIDATE** |
| **Candidate's Name:** |  |
| **Feedback to candidate** |
| General comments [Strengths / Improvements needed] |   |   |   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
| **Candidate signature:** |   | **Date :** |   |
| **Assessor signature:** |   | **Date :** |   |



CHAMBER ASSESSMENT, CERTIFICATION AND ACCREDITATION SYSTEM