



STUDENT FEEDBACK

My feedback is about:


- my course
- trainer(s)
- staff member(s)
- course materials and resources
- Facilities
- course requirements such as assessments
- Other, please specify: _____

Provide feedback (attach additional pages, documents if necessary)


Your name: (optional)


Student ID (optional)

Submit this form in the Student Feedback Box.

 03 7032 8877

 info@iifs.vic.edu.au

 www.iifs.vic.edu.au

 AXIS CENTRE, 25/797 Plenty Rd, South Morang, VIC 3752

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Approved By: CEO



Office Use Only


- RTO Manager informed
- RTO CEO informed, if appropriate
- Issue(s) added to RTO Management Meeting Agenda, if appropriate
- Student notified of outcome of feedback, if appropriate

Authorised Officer (signature) _____


Authorised Officer (print name) _____


Date: _____

Notes:

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