|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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