



Candidate Feedback

Name	
Date of Registration	
Name of Consultant	

Please **tick** the box you feel best describes the service you received.

Speed of initial response	Excellent	Good	Average	Poor
Initial interview	Excellent	Good	Average	Poor
Understanding your requirements	Excellent	Good	Average	Poor
Knowledge of the market	Excellent	Good	Average	Poor
Information provided	Excellent	Good	Average	Poor
Feedback	Excellent	Good	Average	Poor

Do you have any suggestions on how we can improve our service?

On a scale of 1 to 10, with 1 being extremely unlikely and 10 being definitely, how likely are you to refer our service to a friend or colleague?

Signature	Date
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