Dear Candidate,

Thank you for taking time out to complete this form, We value feedback and in many respects encourage feedback to enable us to improve our services,. We are continually working towards a complete client experience.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  |  |  |
| **Profession:** |  |  |  |
| **Address:** |  |  |  |
| **Email:** |  |  |  |
| **Contact number:** |  |  |  |

|  |
| --- |
|  **How is your overall experience with us?** |
|  |
|  **Would you recommend our service to colleagues/friends and relatives within the industry?** |
|  |
|  **Do you have any suggestions in order to live up to your expectations?** |
|  |
|  **Please leave any further feedback below:** |
|  |

All our feedback forms are completely confidential. Once submitted they are forwarded to directors inbox

Kind regards,

Medical Station