

## Centre feedback form

As an awarding body, we are continually looking to improve our qualifications and resources. We value your feedback and would be grateful for your time in completing the following form.

Centre Name

Name of the units and/or qualifications that you are delivering

The CQ unit and/or qualification that I am delivering meets the needs of my learners

Yes/No  
If No please specify

I believe that this unit and/or qualification will either help my learners gain employment or it will enhance their current role in the animal nursing industry

Yes/No  
If No please specify

There are no barriers to the unit and/or qualification that we are delivering (a barrier is something relating to the programme and/or assessment that may prevent learners from achieving the unit and/or qualification)

Yes/No  
If No please specify

We have received sufficient guidance and support throughout all required procedures

Yes/No  
If No please specify

Has CQ supplied you with information relating to the appeals procedure?

Yes/No  
If No please specify

Would you recommend this qualification to others?

Yes/No  
If No please specify

**Thank you for your time**

**Central Qualifications**