

Client Feedback on Service Form



Learner name:

Service/Treatment:

Please provide your confidential feedback on the service / treatment you have received today.

Learners approach to:	Clients opinion			
	Poor	Satisfactory	Good	Very good
Personal presentation				
Preparation of work area				
Health and safety practice				
Conduct during service/treatment				
Recommendations and aftercare				
Finished result				
Client satisfaction				

Client further recommendations / feedback:

Client name:

Client signature:

Date: