

52 Western Boulevard (off Main Reef Road) City West Johannesburg, 2029 P.O. Box 527, Crown Mines, 2025

 $\begin{tabular}{lll} Telephone No. & : +27 \ 11 \ 298 \ 2111 \\ Fax No. & : +27 \ 11 \ 836 \ 4132 \\ Please refer to our Website ($\underline{$www.saiw.co.za}$) for any further information \\ \hline \end{tabular}$

EXAMINATION FEEDBACK FORM

EXAM DETAILS									
TITLE		LAAWI DETAIL	.						
INITIAL		DEWDITE		DENEWAL					
		REWRITE		RENEWAL					
EXAM DATES									
LECTURER									
INVIGILATOR									
EXAMINER									
CANDIDATE NUMBER / NAME									
COMPANY		CELL NO.							
OOM 7041			OLLE IV	J					
Dear Valued Student,									
Dear Valued Student,									
The SAIW relies on you, our valued customer, to provide us with an honest and unbiased assessment of the services provided. Your opinion is of utmost importance and shall guide SAIW management in their efforts to improve our parties to industry.									
improve our service to in	uusii y.								
Thus, please provide us with constructive feedback and feel free to indicate dissatisfaction with any of the service aspects. If you have found any service facet unacceptable (③), please make a suggestion as to how the particular service component can be improved.									
the particular service component can be improved.									
This assessment is to aid the institute in complying with the requirements of all industrial participants, and will not in any manner be misconstrued or affect a student's standing on the course and to this extent the candidate is free to stay anonymous should they so require.									
Your assistance is sincerely appreciated									
Kind regards									
SAIW Management									

EXAMINATION CERTIFICATION Page 1 of 2

COURSE FEEDBACK (Issued after training course is completed)

Please rate the following aspects based on the scale indicated. Please make suggestions where aspects were found to be unacceptable.

Un	acceptable 🕃	ceptable 😂 Acceptable 😊 Exc				ellent 😊			
Course Aspect						<u></u>	©		
Pre-exam interaction & information availability, via website, telephonically, printed media, etc.									
Invigilator / Examiner communication skills, knowledge transfer, interaction with students,									
Was the Invigilator present during the examination?									
Was examination rules & instructions provided and clearly understood?									
5. Was all the examination aspects covered during the training course?									
6. Was the examination questions clear and understandable?									
7. Was the invigilator available during the examination and able to suitably address problems raised?									
8. Was enough time provided for the examination									
9. Was all examination material / hand-outs provided and in good quality?									
10. Equipment, samples & consumables (if applicable)									
11. Venue									
12. Canteen services									
13. Was the examination fair?									
ADDITIONAL COMMENTS / REMARKS / OBSERVATIONS									
SUGGESTIONS FOR SERVICE IMPROVEMENT									
SIGNA	TURE		D	ATE					

Page 2 of 2 TRAINING EXAMINATION CERTIFICATION