

Fitness to Practise Witness Feedback Form

We aim to provide witnesses with a high standard of care and assistance. We are aware that it can be a difficult time, and value the feedback that you can provide to assist us in making improvements in the future.

We would be grateful if you could take a moment to complete the questionnaire below.

Your name: Date of hearing:						Case reference number: Case name:					
		Q10 If we made travel and accommodation									
Q1	Do you feel that we provided you with enough information about the fitness to practise process?						arrangements for you, were these satisfactory? 1 2 3 4 5				
	1	2	3	4	5		I	Z	2	4	5
Q2	How well did we answer any questions you asked?					Q11	After the hearing Did we deal properly with any expenses you claimed?				
	1	2	3	4	5						
Q3	How promptly did we respond to your questions?						1	2	3	4	5
	1	2	3	4	5	Q12	Did you find our witness pack helpful?				
Q4	Did we ke progress o			ely infor	med of the		1	2	3	4	5
	1	2	3	4	5	Q13	Overall, do you feel that we have been helpful				
Q5	If our solicitors took a witness statement from you, did they explain why it was necessary, talk you through the process and answer any questions?						and sensi	2	3	4	5
	1	2	3	4	5	Q14	Can you r could imp				
		Tł	ne heari	ng							
Q6	Did we give you sufficient notice of the final hearing date?					_					
	1	2	3	4	5					. .	
Q7	Did we fully explain what would happen at the hearing?					QTS	Is there anything that you found particularly helpful or anything that you feel we did well?				
	1	2	3	4	5	_					
Q8	Having attended the hearing do you feel this explanation was accurate?				_						
	1	2	3	4	5						
Q9	Were you properly looked after during the hearing?					Please feel free to make any further comments on the back of this form.					
	1	2	3	4	5	Thar	nk you for	vour t	imo		