

WPTW Revision 3 - Feedback Form

Thank you for taking the time to complete this form.
 The WPTWA is committed to ensuring the WPTW System and Revision 3 training meets the needs of Members.
 Your feedback and comments are an integral part of our quality control.
 Please return this form to the Wellsite Permit to Work Association at admin@wellsite.org.au or mail it to us at
PO Box 456, Unley, SA 5061

Name _____ Company _____

Contact Details _____
(if you require a reply)

My feedback/comments are about:

- WPTW Revision 3 - Forms**
- WPTW Revision 3 - Handbook**
- WPTW Revision 3 - Training**
- WPTW Web Site - www.wellsite.org.au**
- Administration and Member Services**
- Other** (please specify) _____ (address)

	Strongly Disagree	Disagree	Agree	Strongly Agree
Useful and informative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easy to follow and understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Includes all necessary information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easy to access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information will be referred to often	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What would you like to see added and/or changed?

What do you like/dislike?

Any additional comments?
