



Woodturning Demonstrator Feedback Scheme

This form is to enable the Register of Professional Turners to regulate and encourage self improvement in those of its' members who demonstrate woodturning in public. It needs to be completed and signed by **at least 2 members of the audience**, preferably covering a broad range of the abilities of your members. i.e. one who would regard himself as a novice and one who would regard him or her self as an expert.

Once completed the form should be returned to the Chairman of the Register, Malcolm Cobb, at the address given at the end.

Name of Demonstrator Demonstration date

Name of Club or Organisation

Topic of Demonstration and duration (ie All day or Evening)

*In the following section please **circle** the answer that you feel best covers your assessment of the demonstration given and add any comments you feel are required.*

*If members of the panel have different opinions then please **circle** all that apply annotating each with N, I or A (e.g. novice / intermediate / advanced)*

What is your overall assessment of the Demonstration given?

Excellent - Good - Fair - Poor - Very Poor

Were Safe practices mentioned or emphasised (e.g. principles and practice)?

Enough - Not enough - Not at all

Did the demonstration meet your expectations?

Exceeded - Completely - Partially - No

Was the demonstrator well prepared?

Yes - No

Did the demonstration proceed at a suitable pace?

Too Fast - Too Slow - Just Right

Was the demonstration sufficiently structured for your liking?

Too free - Just right - Too Formal

Did you find the demonstration entertaining?

Bored Rigid - OK - Thoroughly enjoyed

Would you ask the demonstrator back?

Yes – No

Do you feel that you received value for money?

Yes – No

Other comments and suggestions

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Signed and completed by

1. Name novice / intermediate / advanced / professional *f*
Signed *

2. Name novice / intermediate / advanced / professional *f*
Signed *

3. Name novice / intermediate / advanced / professional *f*
Signed *

4. Name novice / intermediate / advanced / professional *f*
Signed *

f Please **Circle** the level of competence that applies to you as a woodturner

* Please tick (✓) if you are an officer of your organisation

Please return to
Malcolm Cobb RPT
The Workshop,
Moor Close Lane,
Carnforth,
Lancashire, LA6 IDF