|  |  |
| --- | --- |
| **Post-Event Feedback Form**Safety Advisory Group  |  |

|  |
| --- |
| **POST-EVENT FEEDBACK FORM** |
| **Name of Event** |  |
| **Organiser** |  |
| **Full Address** |  |
| **Email Address** |  |
| **Telephone Number** |  |
| **Mobile Number** |  |
| **What do you feel went well with the event?** |  |
| **What do you feel did not go well with the event?** |  |
| **What do you feel could have been improved?** |  |
| **Were there any incidents, accidents or ‘near misses’ during the event?** |  |
| **Any other concerns?** |  |
| **Please email your completed form to:** **Specialevents@npt.gov.uk** **Or Alternatively send it to: Corporate Health & Safety Section, The Quays, Brunel Way, Baglan Energy Park, Neath, SA11 2GG** |