THE HEARING AID COUNCIL
CONTINUING PROFESSIONAL DEVELOPMENT

COURSE PROVIDER'S SUMMARY SHEET

Course providers should complete the details below for each course run and send it to the Council, with the completed feedback forms, immediately following the conclusion of the course.

COURSE PROVIDER	COURSE DATE	COURSE NAME

We confirm that the following delegates attended the above course:

NAME OF DELEGATE [PLEASE PRINT]	COMPANY	RHAD REGISTRATION NUMBER

Signed_____Date_____

Name (Please Print)_____

for and on behalf of_____(Course Provider)

[if there is insufficient space for all delegates please complete additional forms]