



Your Buddy in Dive Safety

FEEDBACK FORM FOR INSTRUCTORS

v01/12

NAME (Optional): _____

PHONE NUMBER OR EMAIL (Optional) _____

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**Note that while the information above is optional, we would appreciate the opportunity to discuss any concerns or improvements with you.*

DAN is always striving to improve the courses that we deliver and the materials that we provide to instructors for these courses Your comments and feedback are invaluable in this process. Please let us know of anything that you feel we could improve.

COURSE TITLE: _____

Please print this form and return via email (training@danasiapacific.org), fax (+61 3 9886 9166) or post (PO Box 384 Ashburton Vic 3147, Australia)