# TPD Feedback Form for Learning Organisations

## East of England

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| Name of Educator *(to be completed by TH):* | Highlands Surgery |
| Name of TPD completing the Form: |  |
| Date completed: |  |

Please use this form to provide feedback on learning organisations. This may include individual practices or Primary Care Networks.

1. Please provide an outline of any feedback you have received about this learning organisation
2. Are you aware of any other areas of especially good practice that you would like to share with us? If so, please provide a summary below.
3. Would you support the ongoing accreditation of this learning organisation?

Please circle: Yes No

**Form Complete**

Please return your completed form to your local training hub:

|  |  |
| --- | --- |
| **Training Hub** | **Email Address**  |
| Bedfordshire, Luton, and Milton Keynes | ccs.blmk.traininghubqualityteam@nhs.net  |
| Cambridgeshire & Peterborough | cpth.qualityteam@nhs.net |
| Hertfordshire & West Essex | hwetraininghub@nhs.net  |
| Mid and South Essex | primarycare.workforce@nhs.net  |
| Norfolk & Waveney | nwicb.primarycareworkforce@nhs.net |
| Suffolk & North East Essex  | snee.traininghub@nhs.net |