

Inpatient training resources feedback form

We welcome any feedback you may have on the ***Inpatient Tobacco Dependence Adviser Training Resources***. If you have any corrections, suggestion or comments about the training suite then we would be very grateful if you could use this form.

Please submit this form to: enquiries@ncsct.co.uk

|  |
| --- |
| **General comments:** |
| **Document, page/slide number** | **Corrections, suggestions and comments** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Thank you.