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Registration Number: 2018/287109/07

Service Advisor: Learnership Review (Feedback form)
CONFIDENTIAL
Company Name:
Branch:
Name & Surname:
Start Date:
Today's Date:
Which department are you currently in? What work do you currently do?
Tell us about any new skills, techniques, and knowledge you gained thus far?
Have you set yourself achievable goals for the duration of this learnership?
Who is your mentor? (Please provide the name, surname & position/job title)
Are you being mentored and receiving on-the-job training?
Please provide a short review of the learnership so far and raise any queries/suggestions you have.