

**Feedback Form**

Thank you for helping the GOC to fulfil its statutory duty in dealing with fitness to practise complaints. We recognise that being a witness can be a stressful experience. In order to help us make any improvements that may be necessary to our processes we would be grateful if you could answer the questions below and return this form by post to:

Fitness to Practise  
General Optical Council  
41 Harley Street  
London  
W1G 8DJ

or by email to Kisha Punchihewa: [kpunchihewa@optical.org](mailto:kpunchihewa@optical.org)



Your name: .....

Date(s) you attended the GOC hearing: .....

Name of optician(s) the hearing was about: .....

- 1. Did you find the information in our witness guidance document helpful?  
**Yes/No** (delete as appropriate)
  
- 2. Is there anything you think we need to add into our witness guidance document to make it more helpful?  
**Yes/No** (delete as appropriate). If yes, please provide details below:  
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3. Did your GOC contact give you enough information about the hearing process?  
**Yes/No** (delete as appropriate)

4. Did you have enough information about who to contact with any questions?  
**Yes/No** (delete as appropriate)

5. Did your GOC contact update you often enough about the hearing schedule?  
**Yes/No** (delete as appropriate)

If you have answered “no” to any of questions 3, 4 or 5, please provide further details below:

GOC contact name:.....

Details:  
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6. Were you given a copy of our expenses policy?  
**Yes/No** (delete as appropriate)

7. Is there anything you think we need to add into our expenses policy to make it more helpful?  
**Yes/No** (delete as appropriate). If yes, please provide details below:

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8. Are there any areas of the process which you think we did particularly well?  
**Yes/No** (delete as appropriate). If yes, please provide details below:

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9. Are there any areas of the process that you feel we could make improvements on?

**Yes/No** (delete as appropriate). If yes, please provide details below:

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10. Do you have any further comments about your experience?

**Yes/No** (delete as appropriate). If yes, please provide details below:

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Thank you for completing this feedback form.