



Feedback Form

Aim of this information

- Testimonial (may be shown publicly with your prior consent)

- Open notice for documentation (for both the MHI Board and the META-Health Professional)
- Formal complaint (for review by the MHI Board)

Your data

Your name:

Your email address:

Your phone number:
including country code, e.g. +44 for UK

Optional:

Your proxy's name:

Proxy's email address:

Event

Coaching:

Training:

Other:

Description

Date of event: / / - / /
Format Day / Month / Year Start End

Name of META-Health Professional:

Your feedback

All data are collected in accordance to the EU General Data Protection Regulation (GDPR).
You can read our [Privacy Policy here](#).

Privacy Policy read and accepted.

Date:

Signature:

/ /

Day Month Year

If signed by a proxy, a written power of authorization shall be attached.

Please send the completed form by email to office@meta-health.net.