

Cathedral Centre
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Salford M3 6DP

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REVIEW OF CONSULTANT'S WORK

Name of School:		
Address:		
Post Code:		
Telephone Number:		
Local Authority:		
Project Number:		
Name of Consultant:		
Project Description		
	Yes	No
Did the Consultant keep the Governors informed throughout the development of the project?		
Has the work been completed to your satisfaction?		
If not please identify the problems:		
Would you recommend your Consultant to another school?		
Any other comments?		
Signed:		Date: