Please complete a report after each WI meeting that has a speaker. Your feedback is of great value to the SFWI in monitoring the performance of current speakers in the Surrey Yearbook. If you have enjoyed a particularly good speaker who isn’t currently in the Yearbook, we can use the information you provide to invite them to audition, but please seek their permission first. If a speaker receives 3 “very poor” reviews in a year, they are required to re-audition, and are removed from the Yearbook in the interim. WIs are advised accordingly. Without your input good speakers could potentially be missed, and very poor speakers could continue to be included in the Yearbook.

Your completed form should be returned to **The Yearbook Editor, SFWI, 6 Paris, Parklands, Railton Road, Guildford, Surrey GU2 9JX**,orit can beemailed directly to **Sally Digby, Yearbook Editor** at **yearbook@surreyfedwi.org.uk** . This form is also available on our website, under **Document Library**, then the **Speakers** tab.

|  |  |
| --- | --- |
| **WI / GROUP**  |  |
| **Date of talk**  |  | **Number present** |  |
| **Speaker’s name** |  |
| **Title of Talk** ***Please refer to the Yearbook for accuracy*** |  |
| **Overall assessment of the Speaker and their talk/ demonstration to your WI** | **VERY****GOOD** | **GOOD** | **FAIR** | **POOR** | **VERY****POOR** |
| ***NOTES:*** *Please circle or highlight your choice and return the form to the SFWI office.* |
| **Further comments** *Use the back, or a separate page if necessary* |
| **Did the majority of the members present enjoy the subject?**  | **YES** | **NO** |
| **Is the speaker in the Surrey Yearbook**   | **YES** | **NO** |
| **If not, and if you would like to recommend the speaker for auditions, please give the following details, having first checked with the speaker that he/she is willing for their details to be submitted :**  |
| **Speakers Name:** |  |
| **Address:** **(inc postcode)** |  |
| **Telephone number(s) and Email: *please write clearly*** |  |
| **Subject(s)/****Demonstration:** |  |
| **Submitted by NAME:** |  |
| **Secretary / President / Group Convenor** |
| **Date**  |  |