**MCA CONSULTATION FEEDBACK FORM**

1. Please indicate on which Consultation you are providing feedback:

***……………………………………………………………………………***

|  |  |
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| 2a. | Please indicate whether you are responding on behalf of: |
|  |[ ]  Yourself as an Individual |
|  |[ ]  A Trade Association |
|  |[ ]  A Company |
|  |[ ]  A Government Organisation |
|  |[ ]  A Trade Union |
|  |[ ]  Other(please specify) |  |

|  |  |
| --- | --- |
| 2a. | Please indicate whether you accessed this consultation package through: |
|  |[ ]  Post |
|  |[ ]  Email |
|  |[ ]  Website |

|  |  |
| --- | --- |
| 3. | Please rate the quality of this consultation regarding accuracy, good English and spelling: |
|  |[ ]  Very good |
|  |[ ]  Good |
|  |[ ]  Average |
|  |[ ]  Poor |
|  |[ ]  Very Poor |

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| --- | --- |
| 4. | Please rate the format of the consultation presentation (layout, Annexes etc.): |
|  |[ ]  Very good |
|  |[ ]  Good |
|  |[ ]  Average |
|  |[ ]  Poor |
|  |[ ]  Very Poor |

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| 5. | Please rate the consultation in terms of how clear and concise you felt it was: |
|  |[ ]  Very good |
|  |[ ]  Good |
|  |[ ]  Average |
|  |[ ]  Poor |
|  |[ ]  Very Poor |

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| 6. | Did you feel that the consultation was conducted over a sufficient period of time? |
|  |[ ]  Yes |
|  |[ ]  No |

|  |  |
| --- | --- |
| 7. | Were any representative groups, organisations or companies not consulted who you felt should have been? |
|  |[ ]  Yes |
|  |[ ]  No |
|  | If yes, who? |  |

|  |  |
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| 8. | Please let us have any suggestions for improvement or other comments you wish to make about this consultation below: |
|  |  |

Thank you for your time. Please return this form to:

Consultation Co-ordinator,

Maritime and Coastguard Agency,

Spring Place, Bay 3/26, 105 Commercial Road

Southampton SO15 1EG

Or e-mail it to: consultation.coordinator@mcga.gov.uk

If you are happy to supply your name in case we need to contact you to discuss your views further, please enter it below (this is optional, and your feedback will still be taken into account if you wish to remain anonymous):

|  |  |
| --- | --- |
| Name  |  |
| Tel. No. |  |

**Please note that the deadline for responses to the Consultation itself**

**does not apply to the return of this form.**