



## Feedback Form

Aim of this information

- Testimonial (may only be shown with your prior consent to the public version)
- General feedback (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 if you like to be represented by third part (proxy):

Your proxy's name:

Your 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 META-Health International's [Privacy Policy here](#).

Privacy Policy read and accepted.

Date:

Signature:

/  /   
Day    Month    Year

This form may be signed electronically. 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](mailto:office@meta-health.net).