



Bespoke Consultancy and Education Ltd (BCE) **Checklist for External Speaker/Guest**

Name of Tutor Line Manager

Partner Course

Session Title Date of Session

Aim of the session Guest Speaker

Name and Address of organisation Yes/No Location of information confirmed

Resources to be used event Resources received in advance of Date Contents checked Yes/No
and suitable

If no actions taken:

Approval of speaker to be signed off and dated by the Operations Director:

Tutor name present during session:

I understand that I will need to be present throughout the session and if the content is of concern I must draw the session to

I understand that I will need to be present throughout the session and if the content is of concern I must draw the session to a close and report this to the Safeguarding Officer immediately.

Print Name:

Sign:

Date:

Evaluation

What went well?

What areas of learning were there?

What were the benefits?

What could be improved?

Overall feedback

Would it benefit other Learners?

Will the guest speaker be used again? Yes/No

Reviewed March 2017