



Professional Placement Feedback Form - Hosting Local Government Authority

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| Name | |
| Hosting local government authority | |
| Placement location | |
| Professional placement participant's name | |
| Placement dates | |

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| What benefit has this placement brought for your library service? |
| Were you provided with enough information for this placement? |
| Would you be willing to participate again in this QPLA scheme? If not, please state reasons. |

Please submit the completed form within 2 weeks of the professional placement to the Development and Opportunity Working Group via secretary@qpla.asn.au