



## INSOLVENCY MONITORING VISIT FEEDBACK FORM

Your feedback on the recent insolvency monitoring visit is appreciated. Please return your completed questionnaire to Mrs Caroline Morris, ICAS, CA House, 21 Haymarket Yards, EDINBURGH EH12 5BH or [cmorris@icas.org.uk](mailto:cmorris@icas.org.uk) Thank you.

Practitioner name:..... Permit No:.....		Please Tick																					
		YES	NO																				
1.	<b>Notice</b> Do you consider that you were given sufficient notice of the visit?	<input type="checkbox"/>	<input type="checkbox"/>																				
2.	<b>Pre-Visit Questionnaire</b> Did you find the Pre-Visit Questionnaire easy to understand and complete?	<input type="checkbox"/>	<input type="checkbox"/>																				
3.	<b>Opening meeting</b> Do you believe the Monitor gained a satisfactory understanding of your insolvency work from this meeting (or if not at that meeting, at least addressed the omissions/misunderstandings at a later discussion)	<input type="checkbox"/>	<input type="checkbox"/>																				
4.	<b>Insolvency Cases</b> Were you given adequate time to respond to the individual case file queries before the closing meeting?	<input type="checkbox"/>	<input type="checkbox"/>																				
	Did the monitor fully discuss with you all relevant matters arising from the file reviews and other work?	<input type="checkbox"/>	<input type="checkbox"/>																				
5.	<b>Closing Meeting</b> Did the Monitor provide you with an independent view of the administration of your Insolvency Practice?	<input type="checkbox"/>	<input type="checkbox"/>																				
	Did the Monitor explain findings clearly and provide adequate explanations to any queries that you had?	<input type="checkbox"/>	<input type="checkbox"/>																				
	Did the Monitor give you advice as to possible action that could be taken or provide you with any useful help or guidance?	<input type="checkbox"/>	<input type="checkbox"/>																				
	Was there sufficient time given to discussing the visit findings?	<input type="checkbox"/>	<input type="checkbox"/>																				
6.	<b>Conduct of the Monitoring Visit:</b>  Please assess the following: <table border="1" style="margin-left: 40px;"> <thead> <tr> <th></th> <th>Very good</th> <th>Good</th> <th>Fair</th> <th>Poor</th> </tr> </thead> <tbody> <tr> <td>Visit administration</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Conduct of the visit</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Educational content</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Very good	Good	Fair	Poor	Visit administration					Conduct of the visit					Educational content				
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Conduct of the visit																							
Educational content																							

Please assess the time for the visit:			
	Too much	About right	Too little
Time taken for the visit			
Time taken for the closing meeting			
<b>7.</b>	<b>Report</b> Did the report provide a balanced picture of the visit findings and was there sufficient evidence presented to support the findings?	<input type="checkbox"/>	<input type="checkbox"/>
	Did you receive the final report a reasonable time after the visit?	<input type="checkbox"/>	<input type="checkbox"/>
<b>8.</b>	<b>Report responses</b> Was enough time given to respond to the report?	<input type="checkbox"/>	<input type="checkbox"/>
	Did you receive a prompt acknowledgement that your responses had been received by ICAS	<input type="checkbox"/>	<input type="checkbox"/>
If you answered NO or negatively to any of the questions above, please provide further explanation:			
<b>8.</b>	<b>Please provide any further comments you have on the visit process.</b> Example: <ul style="list-style-type: none"> <li>• which parts of the visit process went particularly well?</li> <li>• which parts went less well? Do you have any ideas for improving them?</li> <li>• are there any other comments or observations that you would like to make?</li> <li>• do you have any comments about the Monitor?</li> </ul>		

**Thank you for taking time to complete this feedback form**