**Questionnaire for clients**

*We request you to remember all experiences you had concerning the consulting services of the “Certified Digital Consultant” named below. This Feedback Sheet is part of confirmation referring to qualification of this consultant.*

Name of consultant:

………………….……………………….…………..……………………………………………………………………

Client (purchaser of the digital project):

……………………………………………………..………………………………………….….………………………

Contact person at the purchaser:

………………………………..…………………………………………………………………………………..………

Please define the content of the consulting services!

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Industry:

…………………………………………………………………………………………………………….………………

Region/Country:

……………………………………………………………………..……………………………………………….……

Did the consultant’s qualification meet your expectations?

 ( ) yes ( ) no/partly please comment:

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Did the consultant show the personal dedication you expected?

 ( ) yes ( ) no/partly please comment:

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Was the project completed and realized successfully?

 ( ) yes ( ) no/partly please comment:

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Would you recommend the consultant without any reservation?

 ( ) yes ( ) no/partly please comment:

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Are there any restrictions based on your experiences that are against an certification of the consultant?

 ( ) yes ( ) no/partly please comment:

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Remarks:

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Many thanks for your precious support!

Date: stamp and sign:

……………………………………………………………………………………………………………………………