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| Name: | POU Customer Excellence Workshop Date: |
| Company: | Line Manager Review Date five weeks from the workshop:(on completion of actions) |

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| --- | --- | --- | --- | --- |
| **Objective 1** | **Key three actions to achieve objective** | **Resources required and people involved or who need to be made aware** | **When achieved by?** | **Benefits to customer?** |
|  | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |

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| Notes: |

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| **Objective 2** | **Key three actions to achieve objective** | **Resources required and people involved or who need to be made aware** | **When achieved by?** | **Benefits to customer?** |
|  | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |

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| Line Manager comments following workshop based on discussion and agreement of objectives to improve customer service:Line Manager Name: Line Manager Signature: Date: |

**Date scanned and copied to workshop facilitator:**

**Emailed to** **info@skillschannel.tv** **no later than three working days from the workshop date**