



Kensington Conference & Events Centre  
and Chelsea Old Town Hall

# Public Comment Form

Name

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Address (you do not have to give this)

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Telephone (you do not have to give this)

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Event Attended

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Date

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Venue      Kensington Conference & Events Centre       Chelsea Old Town Hall

Please answer the questions on the following pages by ticking the box that contains the answer that you consider to be most relevant. All answers - both favourable and otherwise - will be considered carefully by our staff and will assist us in enhancing our facilities for visitors and other event organisers.

Please complete the section at the end of this questionnaire by giving us any additional advice or recommendations, or by expanding on any aspect of our service or facilities that you may feel particularly important. If you would like a member of staff to contact you regarding your experience at Kensington Conference & Events Centre or Chelsea Old Town Hall please tick  (please ensure you complete your contact details)

## **Performance Standards**

Exceeded      Fully Met      Partially Met      Not Achieved

The venue was clean & tidy                       

You were dealt with politely & efficiently  
by all staff at all times                       

The temperature was maintained at 21°C±2°C

# Meeting/Conference Facilities

	Excellent	Good	Fair	Poor
AV Sound Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AV Projection Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Conditioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness: Toilet Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Catering Facilities

Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beverages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## General Comments

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## Your Recommendation(s)

*In the space below please give your positive recommendations for future consideration*

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Please leave your completed questionnaire in one of the public comment boxes or post to the address below.



INVESTOR IN PEOPLE



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