**This survey is confidential.**

We would appreciate your feedback about our service, to assist us to make improvements in the way we provide assistance.

Please rate each of the following statements from 1 to 5:

1. Completely disagree
2. Somewhat disagree
3. Neither agree nor disagree
4. Agree
5. Strongly agree

N/A If you feel the question is not applicable to you

DK Don’t’ Know - if you do not have enough information to provide an answer

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Statements** | **Rating** | | | | | |
| The information about Nurturing Hands Allied Health P/L matched my experience. | 1 | 2 | 3 | 4 | 5 | N/A |
| The wait time for service was reasonable. | 1 | 2 | 3 | 4 | 5 | N/A |
| Nurturing Hands Allied Health P/L provision is flexible and responsive. | 1 | 2 | 3 | 4 | 5 | N/A |
| The staff have high levels of skills and expertise. | 1 | 2 | 3 | 4 | 5 | N/A |
| Nurturing Hands Allied Health P/L actively involves my carer and other family members. | 1 | 2 | 3 | 4 | 5 | N/A |
| Service planning includes consideration of my language and cultural needs. | 1 | 2 | 3 | 4 | 5 | N/A |
| I am supported and encouraged to participate in my service planning. | 1 | 2 | 3 | 4 | 5 | N/A |
| I am supported and encouraged to be involved in ${business}’ activities. | 1 | 2 | 3 | 4 | 5 | N/A |
| I have been supported to link in with other community organisation’s and services. | 1 | 2 | 3 | 4 | 5 | N/A |
| There are good and easy to understand feedback and complaints mechanisms in place. | 1 | 2 | 3 | 4 | 5 | N/A |
| I would recommend this service to other people | 1 | 2 | 3 | 4 | 5 | N/A |

1. What do you like most about ${business}?

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

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

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

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

2. What do you like least about ${business}?

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

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

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

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

3. What suggestions do you have about ways that we could improve our service/s?

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

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

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

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

4. Do you have any other comments?

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

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

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

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

Would you like someone to contact you regarding the feedback you have provided on this survey?

Yes No

Name: ………………………………………………………..

Phone number: ……………………………………………………….

***Thank you for completing this survey.***