

**Client Feedback Survey (Website)**

***We value your feedback as this will assist us to identify what we do well, and areas we may need to improve on so that we can provide a service that meets your needs in a meaningful, inclusive and non-discriminate manner whilst ensuring your well-being and safety at all times.***

***This survey will take no more than 5 mins. and is completely anonymous and confidential.***

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| --- | --- | --- | --- | --- | --- |
| ***QUESTIONS*** | ***STRONGLY AGREE*** | ***AGREE*** | ***NOT SURE*** | ***DISAGREE*** | ***STRONGLY*** ***DISAGREE*** |
| 1. *This service was easy to access?*
 |  |  |  |  |  |
| 1. *I felt welcomed and respected by the worker?*
 |  |  |  |  |  |
| 1. *I felt heard, listened and understood?*
 |  |  |  |  |  |
| 1. *I was informed of and provided with the Client Information pack (Service Brochures, Clients Rights & Privacy etc) and asked to sign to confirm receiving them?*
 |  |  |  |  |  |
| 1. *I felt comfortable asking questions about your situation and the service?*
 |  |  |  |  |  |
| 1. *I was given choices and made aware of your options?*
 |  |  |  |  |  |
| 1. *My overall experience with the service was/is satisfactory?*
 |  |  |  |  |  |
| 1. *The worker(s) knowledge and skills were adequate in providing you with a supportive service?*
 |  |  |  |  |  |
| 1. *Would you recommend this service to others experiencing similar issues?*
 |  |  |  |  |  |

Do you have any further suggestions about how we can improve our services?

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We would welcome any further comments that you might like to make regarding your experience with our service.

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***Thank you for giving your time to complete this survey.***