

Members and Service Users Feedback Survey 2008

Dear Community Member,

Holdsworth Community Centre & Services strives to ensure that all our services are of the highest quality, appropriate to the needs of users and responsive to feedback and changing needs and conditions.

Your views can assist us to gather information that will be used in reviewing programs and services and completion of a brief survey will be of great value to us. Your honest feedback on current services and how they affect you would be appreciated, as would any suggestions for what we could be doing better or adding to what we offer. *If more than one person in the household uses services and wishes to complete a separate survey please make a copy or download one from <http://www.holdsworth.org.au/contactus.htm>*

We will separate the Survey Sheet from any details you supply below and your comments will be considered **in complete confidence**.

Please return the completed survey to the Centre by **19 December** if you wish to be entered in a **Lucky Draw** for a surprise Christmas present from Holdsworth. Of course, we are always interested in your feedback at any time.

Thankyou

I would be happy to receive communication/newsletters by email Yes No

I would be happy to be contacted to provide further feedback Yes No

I would be willing to be part of a group discussion on planning and delivery of Holdsworth services Yes No

Name: _____

Phone: _____

These details will be used ONLY if you have agreed to us contacting you and for inclusion in the **Lucky Draw**. They will not be stored with your completed survey. If you are concerned about confidentiality you may send in this slip separately. Please return to:

Holdsworth Community Centre & Services.

64 Holdsworth Street

Woollahra NSW 2025

Ph: 02 9302 3600

Fax: 02 9327 5298

Email: info@holdsworth.org.au

Community Members Feedback Survey 2008

Gender: Female Male **Home postcode:** _____

Age: Under 18 18- 25 26 - 65 66 - 75 65 - 85 Over 85

What Holdsworth services do you use? (You may tick more than one box)

Playgroup/Family Services	<input type="checkbox"/>	Carer Support	<input type="checkbox"/>
Services for children with a disability	<input type="checkbox"/>	Community Transport	<input type="checkbox"/>
What age is the child?	___	Information and referral	<input type="checkbox"/>
Services for adults with a disability	<input type="checkbox"/>	Services for older people	<input type="checkbox"/>
What age?	___	Tax Help	<input type="checkbox"/>

What are the most useful/helpful things we offer you? (You may tick more than one box)

Respite	<input type="checkbox"/>	Information	<input type="checkbox"/>
Social support/networks	<input type="checkbox"/>	Advice	<input type="checkbox"/>
Outings/activities	<input type="checkbox"/>	Advocacy	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	Referral	<input type="checkbox"/>
Personal support	<input type="checkbox"/>	Transport	<input type="checkbox"/>

How would you rate your experience with Holdsworth?

Very Negative **Negative** **Positive** **Very Positive**

Generally the services are meeting my needs

Strongly disagree **Disagree** **Agree** **Strongly agree**

Being involved with Holdsworth has linked me to people and services in the community

Strongly disagree **Disagree** **Agree** **Strongly agree**

Staff at Holdsworth are helpful and respectful

Strongly disagree **Disagree** **Agree** **Strongly agree**

I have enough say in the services that are provided

Strongly disagree **Disagree** **Agree** **Strongly agree**

The current fees for services are

Too high **Reasonable** **Too low**

Would you be willing to pay higher fees for enhanced services Yes No

Please suggest improvements you would like to see in the range, delivery or availability of our services: _____

If could wish for anything, what would you want to see happening at Holdsworth in the future? _____

Any other comments or suggestions? _____

Thankyou

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A reply paid envelope is included