

FEEDBACK FORM FOR CHILDREN & YOUNG PEOPLE



Sure Start Health is committed to children and young people's safety and wellbeing.

Sometimes services forget to ask younger people and children about how they feel about using their services. Well, that's not us! Your opinion is important to us, and we'd love for you to answer a few questions so we can make sure we help you in the best ways.

If you can't write that's ok. Get the big person you are with today, to help you.

Service used today:			What would you like to happen now?								
Date:			Nothing, I just wanted you to know.								
Clinician:			I would like to share this with the person I saw.								
Your Name (optional):			I would like you to talk to my parents/carers about this.								
Please tick here if you DO NOT wish your name to be seen with your comments			I just wanted you to know because it was awesome.								
I am years old			I wanted you to know because I think you could do better.								
I am filling this out myself – yes											
Someone else filled this out with me											
Who is that?											
How do you feel about	Great 🖒 \cdots	Good	\odot	Not Good	\odot	Bad	TQ:	Doesn't apply			
The time you waited to be seen											
The way our staff welcomed you											
The way our staff listened to you											
The information you were given											
The way you were treated											
Other:											
Would you tell a friend or family member to come here if they needed help like you? Yes No											
Can you tell us why?											
What to do next											
Please complete this form and return by: If you have any further comments, please contact us on											
Handing to a member of staff; a	<u> </u>				08 8272 2862; or through our website - www.surestarthealth.com.au/contact-us/						
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