

Counselling Feedback Form



Thank you for completing this form; we welcome any feedback you have to help us keep improving our service. Please return to wellbeing@nwpmf.org

1. HOW SATISFIED ARE YOU WITH YOUR WAIT TIME FOR YOUR FIRST COUNSELLING SESSION?

Very satisfied Satisfied Neither satisfied or dissatisfied Dissatisfied Very dissatisfied

2. HOW SATISFIED ARE WITH THE QUALITY OF COUNSELLING YOU RECEIVED?

Very satisfied Satisfied Neither satisfied or dissatisfied Dissatisfied Very dissatisfied

3. ARE YOU SATISFIED THAT COUNSELLING HAS HELPED YOU ADDRESS YOUR CONCERNS?

Very satisfied Satisfied Neither satisfied or dissatisfied Dissatisfied Very dissatisfied

4. HOW SATISFIED ARE YOU WITH THE VENUE (S) FOR YOUR COUNSELLING APPOINTMENTS?

Very satisfied Satisfied Neither satisfied or dissatisfied Dissatisfied Very dissatisfied

5. OVERALL, HOW SATISFIED ARE YOU WITH THE SERVICE YOU RECEIVED FROM THE BEN FUND?

Very satisfied Satisfied Neither satisfied or dissatisfied Dissatisfied Very dissatisfied

6. HOW LIKELY ARE YOU TO RECOMMEND THIS SERVICE TO FRIENDS AND COLLEAGUES?

Very likely Likely Unsure Unlikely Very unlikely

PLEASE FEEL FREE TO WRITE ANY OTHER COMMENTS/FEEDBACK YOU WISH TO LEAVE.

(IF YOU HAVE MARKED US WITH A DISSATISFIED OR VERY DISSATISFIED ON ANY QUESTIONS, WE WELCOME ANY SUGGESTIONS ON HOW WE CAN IMPROVE)