Dear Client,

If you have recently declined support from SV2 we’d still like to hear from you.

Please complete this small questionnaire and return it to us.

Thank you.

1. **Which service did you refer to?**

□ Counselling 0-18 yrs.

□ Counselling 18+

□ ISVA 0-17 yrs.

□ ISVA 17+

1. **Please let us know the reason you decided not to access or continue support with SV2? Please tick any that are relevant to you.**

□ Not the right time

□ Was not given enough information about the support

□ Felt pressured at the time to agree to the referral

□ No one contacted me from SV2

□ Poor service on contact

□ Not the service that was expected

□ Long wait to access service

□ Not given a choice of gender for the support worker

□ Did not ask to be referred

□ I got support with another agency

□ Other ……………………………………………………………………………………

1. **Would you like more information about SV2 services or for someone to contact you?**

□ Yes

□ No

**Demographic information**

Gender identity (please state) ……………………………………………………………………

* Prefer not to answer

Sexual orientation (please state) ………………………………………………………..………

* Prefer not to answer

Ethnicity (please state) …………………………………………………………………………….…

* Prefer not to answer