Date……………………………………..

 **Service Evaluation Form**

Your feedback is important to us
You can help us improve our services by completing this form.

1. **What service(s) did you access?**

|  |  |
| --- | --- |
| □ Therapy/Counselling for 0-17 yrs | □ Reiki 18+ yrs |
| □ Therapy/Counselling for 18+ yrs | □ 12-week structured support group |
| □ ISVA (Independent Sexual Violence Advisor) under 17 yrs | □ 6-week online support group |
| □ ISVA (Independent Sexual Violence Advisor) 17+ yrs | □ Walk & Talk Therapy/Counselling |

1. **Did you view any of our promotional material either before or during your support and did you find it helpful?**

|  |  |
| --- | --- |
| □ I looked at leaflets and found them helpful | □ I viewed social media and found it helpful |
| □ I looked at leaflets but did not find them helpful | □ I viewed social media but didn’t find it helpful |
| □ I looked at the website and found it helpful | □ None of the above |
| □ I looked at the website but did not find it helpful |  |

**\*If you did not find our materials helpful please explain your reasons below**

**………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

1. **How easy was the referral process?**

|  |
| --- |
| □ N/A |
| □ Very Easy |
| □ Easy |
| □ Difficult |
| □ Very Difficult |
| □ If Difficult/Very Difficult, please provide more information: …………………………………………………… |

1. **Where was the appointment?**

|  |
| --- |
| □ SV2 Ripley Office |
| □ SV2 Leopold Street Office |
| □ SV2 Buxton Office |
| □ Other please state: ……………………………………………… |

1. **How did you find the environment your appointment took place in?**

|  |
| --- |
| □ Accessible □ Welcoming |
| □ Comfortable □ Easy to find |
| □ Private |

1. **Please rate how well the service met your needs (1 being not at all, 6 being completely)**

1 2 3 4 5 6

1. **Did your SV2 worker… (tick all that apply to you)**

|  |  |
| --- | --- |
| □ Contact you when they said they would? | □ Attend appointments on time? |
| □ Help you to understand how you have been affected?  | □ Listen and understand your needs? |
| □ Include you in planning your support/support plan? | □ Meet the agreed expectations? |
| □ Support you to make informed decisions | □Encourage feedback and adapt their approach where needed? |

1. **Could we have done anything to make the support better?**

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. **Were we able to meet all your preferences for support (eg. gender of worker or face to face/telephone support).**

|  |  |
| --- | --- |
| □ Yes | □ No (please explain) |

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. **If you or anyone else you know needed the support of SV2 in the future, would you return to or recommend the service based on the support you received?**

|  |  |
| --- | --- |
| □ 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