|  |  |
| --- | --- |
| Date completed: |  |
| Staff member or discipline you worked with: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Would you recommend this service to others if they needed it? Please tick | | | |
| **Yes** | **Maybe** | **No** | **Don’t know** |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Did you feel listened to? Please tick | | |
| **Yes** | **No** | **Don’t know** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Has our input helped you in your caring role? Please tick | | |
| **Yes** | **No** | **Don’t know** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Did you receive a ‘Carer’s, Family & Friends Guide to the Team’ information leaflet? Please tick | | |
| **Yes** | **No** | **Don’t know** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Did you find the information useful? Please tick | | |
| **Yes** | **No** | **Don’t know** |
|  |  |  |

|  |
| --- |
| Please tell us what is good and not so good. Please provide comments: |
|  |

**The following questions are about you:**

|  |
| --- |
| What is your gender? |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Male |  | Transgender |
|  | Female |  | I’d prefer not to say |

|  |
| --- |
| What is your age? |

|  |  |  |
| --- | --- | --- |
| …………………… |  | I’d prefer not to say |

|  |
| --- |
| What is your ethnicity? |

|  |  |  |  |
| --- | --- | --- | --- |
|  | White |  | Asian/Asian British |
|  | Mixed/Multiple Ethnic Groups |  | Other ethnic group |
|  | Black/African/Caribbean/Black British |  | I’d prefer not to say |

|  |
| --- |
| Do you agree for your comments to be made public? Yes No |

Thank you for completing our survey 😊!

|  |  |
| --- | --- |
| If you are unhappy and want to make a complaint you can contact Customer Services: | |
| depositphotos_21344823-Telephone[1]  envelope_writecomputer_old1 | Telephone: 01752 435201  Write to: Customer Services, Mount Gould Local Care Centre, 200 Mount Gould Road, Plymouth, PL4 7PY  Email: [**customerservicespch@nhs.net**](mailto:customerservicespch@nhs.net) |

Please return this form to:

**Community Learning Disabilities Team**

**Westbourne**

**Scott Business Park**

**Beacon Park Road**

**Plymouth PL2 2PQ**