

FEEDBACK FORM

(also available on Hospice SC website)

At Hospice South Canterbury we value your thoughts and feedback and would appreciate your comments as we continually strive to provide the best service possible. Could you please spend a minute or two answering the following:

Name: *(Optional)* Date:
Ethnicity (for statistical purposes only)

What service have you used at Hospice South Canterbury?

In-patient unit Therapeutic centre Bereavement service Counselling
Relax & Revive Outpatients Clinic Education Course

How would you rate your experience?

Excellent Very good Good Average Poor

What was of most value to you?

How might we improve our service?

Overall, how would you describe your experience with Hospice South Canterbury?

(Please use reverse of form if you would like to say more)

What was your perception of Hospice South Canterbury before using our services?

Any other comments?

(Please complete over page)

Would you be interested in meeting with, or talking, to our Quality Co-ordinator to discuss your experience, ideas or thoughts on any improvements we could consider? Yes No

If 'Yes' - please provide name
- contact number

Do you agree to your comments being used and attributed to you in promotional material or grant applications by Hospice South Canterbury? Yes No

If 'Yes' - please provide name

Would you like to receive our newsletter? Yes No

If 'Yes' - please provide name and address

Postal - Name.....

Address.....

Or would you like to receive email newsletters (in the future)? Yes No

Name

Email

Contact phone number (cell preferable).....

Signature:

Please pass your form to a staff member or drop into the box beside the Administration front desk.
Thank you.

Hospice South Canterbury

Address: 55 Broadway Avenue, TIMARU

Postal: PO Box 4007, TIMARU 7942

Administration

Tel 03 687 7670

Email support@hospicesc.org.nz

This form is also available on our website.