



EVALUATION FORM

To help us maintain and continuously improve the quality of our service, we would like to know how well you think we handled your enquiry.

Your response will be confidential and you don't need to tell us your name if you don't want to.

<i>Your initial enquiry was dealt with promptly</i>	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<i>Members of the advocacy team were always helpful and polite</i>	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<i>The information/support offered by the advocate was helpful</i>	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<i>The advocate represented your views correctly</i>	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<i>I would use the advocacy service again.</i>	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are there any other comments or suggestions you would like to make about the service?

Date:	<input type="text"/>	Postcode:	<input type="text"/>	Name (optional):	<input type="text"/>
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If you would like someone from ANE to contact you to discuss your views further, please enter your Name, Address, Phone Number or other contact information in the box below: