






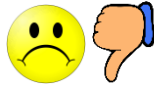
# Children & Young People Feedback Form

*Connect Health & Community - committed to children and young people's safety and wellbeing*

Sometimes services forget to ask younger people and children about how they feel about using their services. Well, that's not u! Your opinion is important to us and we'd love for you to answer a few questions so we can make sure we help you in the best ways.

If you can't write, that's ok. Get the big person you are with today, to help you.

<p>Service seen today _____</p> <p>Date _____</p> <p>Clinician (optional) _____</p> <p>Your Name (optional) _____</p> <p>Please tick here if you DO NOT wish your name to be seen with your comments <input type="checkbox"/></p> <p>I am _____ years old</p> <p>I am filling this out myself: Yes <input type="checkbox"/></p> <p>Someone else filled this out with me <input type="checkbox"/></p> <p>Who is that? _____</p>	<p><b>What would you like to happen now?</b></p> <p>Nothing, I just wanted you to know. <input type="checkbox"/></p> <p>I would like you to share this with the person I saw <input type="checkbox"/></p> <p>I would like you to talk to my parents/carers about this. <input type="checkbox"/></p> <p>I just wanted you to know because it was awesome. <input type="checkbox"/></p> <p>I wanted you to know because I think you could do better. <input type="checkbox"/></p>
--	---

How do you feel about...	Great 	Good 	Not Good 	Bad 	Doesn't apply
The time you waited before you were seen					
The way our staff welcomed you					
The way our staff listened to you					
The information you were given or told					
The way you were treated					

Would you tell a friend or family member to come here if they needed help like you? Yes  No

Can you tell us why?

Thank you for your Feedback

Please complete form and return to Feedback box or scan and email to [Childrensafety@connecthealth.org.au](mailto:Childrensafety@connecthealth.org.au)