

Advocacy for Inclusion Inc



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Advocacy for Inclusion Evaluation Form

Advocacy for Inclusion would appreciate your assistance by completing this evaluation form and returning it to us in the attached envelope. We value your ideas and suggestions in helping us to improve our service. All information received is confidential, and you can remain anonymous.

If you would like to discuss any issues further with Advocacy for Inclusion please include your contact details.

Name: _____

Phone

Work: _____

Home: _____

Mobile: _____

Email: _____

1. How did you find out about Advocacy for Inclusion?

(Please circle)

Through:

A Friend

Our Newsletter

Other Agency

Support Group

Other? Please specify: _____

2. Was Advocacy for Inclusion easily accessible?

Yes/No (Please circle)

Comments _____

Physical Location/Access?

Yes/No (Please circle)

Comments _____

Staff Availability/Contact?

Yes/No (Please circle)

Comments _____

**3. Was your contact with Advocacy for Inclusion beneficial and supportive?
Did we meet your needs?**

Yes/No (Please circle)

Comments _____

**4. What part of the service did you find most valuable?
(e.g. information, someone to talk to, assistance in sorting out issues, other?)**

Comments _____

5. Did you feel that your privacy, dignity and confidentiality were respected by Advocacy for Inclusion?

Yes/No (Please circle)

Comments _____

6. In what ways do you see the input from Advocacy for Inclusion assisting you with solutions and ideas in relation to your enquiry?

Comments _____

7. Do you believe that you were given the opportunity to raise any complaints or concerns in relation to your contact with Advocacy for Inclusion?

Yes/No (Please circle)

Comments _____

8. Do you have any suggestion/s for improving the service of Advocacy for Inclusion? If so in what areas?

Comments _____

Thank You