

Stakeholder Feedback Form

We would be grateful if you could take a few minutes to complete this feedback form. The feedback we receive helps us to find out what we are good at and where we need to improve. This helps us to develop our services in order to meet the needs of our clients and stakeholders as effectively as possible. We welcome all feedback, so please feel free to contact us at any time.

Your contact details

Title..... First Name.....Surname.....

Organisation address.....

Postcode..... E-mail.....

The Advocate's name **Mr Ketan Paw**

My feedback is (please select one option from the list below):

- | | |
|---|--|
| <input type="checkbox"/> A Comment about POhWER | <input type="checkbox"/> A Compliment about POhWER |
| <input type="checkbox"/> A Concern about POhWER | <input type="checkbox"/> A Complaint about POhWER |

Which service did you have contact with? **NHS Complaints Advocacy**

What type of contact did you have with POhWER?

- Client related contact Networking meeting Attended a presentation Local event

Other.....

What was your experience of POhWER at that contact?

- Excellent Good Average Poor

Please write more details about the contact you had with POhWER and the reason why you selected the option above.

What best describes your overall experience of POhWER in general?

- Excellent Good Average Poor

Please write more details about the overall experience you have had with POhWER and the reason why you selected the option above.

Stakeholder Feedback Form

If you were satisfied with our support and the service we provided please tell us why (Select all that apply)

- The advocate explained POhWER support and services well
- The advocate represented POhWER in a professional manner and shared with me appropriate information
- The advocate was able to support my client in a professional way that enabled them to understand their options and choices
- The advocate engaged well with professionals and my client and enabled a positive outcome to be achieved

Other

If you were unsatisfied with our support and the service we provided please tell us why (Select all that apply)

- The advocate DID NOT explain POhWER support and services
- The advocate DID NOT represent POhWER in a professional manner
- The advocate DID NOT share information with me in an appropriate way
- The advocate DID NOT support my client in a professional way
- The advocate DID NOT support my client to understand their options and choices
- The advocate DID NOT engage well with professionals and my client so a positive outcome WAS NOT achieved

Other

Would you recommend our service to others?

- Yes No

Do you have any suggestions on how we can improve our services and work better with people in a similar situation to you? (please use the box below)

If you would like any information about any of our other services, please call 0300 456 2370 or visit our website, www.pohwer.net

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE - YOUR FEEDBACK IS VERY IMPORTANT TO US AND HELPS US IMPROVE OUR SERVICES TO YOU AND OTHERS LIKE YOU

PLEASE SEND THIS FORM BACK IN THE ENVELOPE PROVIDED OR TO – POhWER, PO Box 14043, Birmingham, B6 9BL