



Adventist Feedback From

Your opinion is important, so we are inviting you to provide feedback on the services you, or the person you care for, receives as an Adventist Retirement Plus, Home Care customer.

You can also choose to complete this survey online using the QR code, scan it with your mobile or tablet device to complete.

For Privacy information please see our website;
<https://www.arplus.org.au/more-about-us/privacy/>



Section 1: General information

Please select the Community Care location you are serviced by::

- Adventist Caloundra Adventist Melody Park Adventist Capricorn Adventist Victoria Point

Section 2: About you

1. What best describes your involvement with Adventist Retirement Plus?

Please tick one box

- Home care client / consumer Staff member
 Family member Other (Go to Q2)
 Consumer representative

2. (If "Other" to Q1. Otherwise skip) Please provide further information.



3. Would you like your feedback to be anonymous?

YES
(Go to Q9)

NO

4. Does your feedback relate to a home care client?

YES

NO
(Go to Q6)

5. Please provide the full name of the home care client.

6. Please tell us your full name:

7. Would you like someone to follow up with you about your feedback?

YES

NO
(Go to Q9)

8. How would you prefer to be contacted? (please tick and fill out accordingly)

Phone

Email



Section 3: Feedback

9. What type of feedback would you like to provide?



Complaint



Suggestion



Compliment

10. What does your feedback relate to?

Please tick one

- | | |
|---|---|
| <input type="checkbox"/> Nursing Care | <input type="checkbox"/> Activities and Lifestyle |
| <input type="checkbox"/> Food | <input type="checkbox"/> Staff |
| <input type="checkbox"/> Management | <input type="checkbox"/> Allied Health |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Cleanliness |
| <input type="checkbox"/> Billing and Accounts | <input type="checkbox"/> Day/Wellness Centre |
| <input type="checkbox"/> Scheduling | <input type="checkbox"/> Service and support for daily living |
| <input type="checkbox"/> Equipment | <input type="checkbox"/> Other (Go to Q12) |

11. (IF "OTHER" selected in Q10. Otherwise, skip) Please provide further information.
