VSA Carers Resource Service Evaluation Form

We would appreciate your help in assessing our service by asking you to complete this form. It is through your views and comments that we improve our service to carers. This form is anonymous, however, if you would like us to contact you to discuss your comments in more depth, please enclose your contact details.

1) Are you (a) a new carer ☐ (b) an existing carer ☐ (c) other ☐ please specify

______________________________________________________________

2) Who do you care for (e.g. child, partner, neighbour)?

______________________________________________________________

3) Did you contact the Carers Resource Service for:
   Information ☐ Advice ☐ Support ☐ Benefit Advice ☐ Other (please specify below) ☐

______________________________________________________________

4) If you made a personal visit to the Carers Resource Service, did you find the staff:
   (a) were friendly and helpful YES ☐ NO ☐
   (b) were able to help with your query YES ☐ NO ☐

5) Was the service you received useful? YES ☐ NO ☐

Any other comments

______________________________________________________________

______________________________________________________________

______________________________________________________________
6) Do you think that the service you received
   (a) has made a difference to you as a carer
   (b) will make a difference to you as a carer in the future

7) How did you find out about the Carers Resource Service?
   (a) referral from professional i.e. Care Manager, GP etc
      please specify

   (b) from a family member, friend or neighbour
   (c) publicity e.g. poster, leaflet at GP surgery or community centre etc

8) Would you be happy to recommend our service to other people?  YES ☐   NO ☐

9) If you would like to compliment or comment on any other part of our service,
   please do so below.

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

Please return the completed form to:

   VSA Carers Resource Service
   VSA, 38 Castle Street, Aberdeen AB11 5YU

The Carers Resource Service team would like to thank you for your valued comments.

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