

## FEEDBACK FORM

Here at Hospice South Canterbury we value your feedback, and would appreciate your comments as we continually strive to provide the best service possible.

Could you please spend a minute or two answering the following:

Name: (Optional) ..... Date: .....

### What service have you used at Hospice South Canterbury?

In-patient unit ☐ Therapeutic centre ☐ Bereavement service ☐ Counselling ☐

### How would you rate your experience?

Excellent ☐ Very good ☐ Good ☐ Average ☐ Poor ☐

### What was of most value to you?

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 .....  
 .....

### How might we improve our service?

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 .....  
 .....

### Overall, how would you describe your experience with Hospice South Canterbury?

.....  
 .....  
 .....  
 .....

(Please use reverse of form if you would like to say more)

### Any other comments?

.....  
 .....  
 .....

Do you agree to your comments being used and attributed to you in promotional material or grant applications by Hospice South Canterbury? Yes ☐ No ☐

Would you like to receive our newsletter? Please provide address:

Postal: .....

Email: .....

Signature: .....

Please pass your form to a staff member or drop into the box beside the visitor book. Thank you.