

Consumer Feedback Survey



We are keen to hear from you as to how the Independent Living Centre (ILC) is performing. Please take several minutes to tell us what you thought of our services by completing our feedback survey.

Your feedback and information provided will be treated as private and confidential.

If you require assistance with completing this survey please phone (08) 9381 0600.

Please return completed form to: Independent Living Centre, The Niche, Suite A, 11 Aberdare Rd, Nedlands WA 6009.

1. Which ILC service/s did you have contact with? (You can tick more than one)

- | | |
|--|---|
| <input type="checkbox"/> Assistive Equipment Service (ILC AES) | <input type="checkbox"/> Commonwealth Carer Respite Centre (CRCC) |
| <input type="checkbox"/> Assistive Equipment Service Cockburn | <input type="checkbox"/> Occupational Therapy Driver Assessment |
| <input type="checkbox"/> Hire of Equipment (ILC Hire) | <input type="checkbox"/> Equipment Grants Program |
| <input type="checkbox"/> Technology Equipment Service (ILC Tech) | <input type="checkbox"/> Noah's Ark |
| <input type="checkbox"/> Training Services | <input type="checkbox"/> Allied Health Therapy in the Home, School or Community |

2. We aim to provide a timely service (by phone, email, online or visiting our centre). On your first contact, please rate us on how well we did?

- Very good (with an immediate response)
- Good (with a same day response)
- Poor (waited 2 days or longer for a response)
- Not Applicable

3. Our staff try to understand your specific needs by asking you a range of questions. How satisfied did you feel with our staff member's understanding of your needs?

- Very Satisfied (staff understood my needs)
- Satisfied (staff mostly understood my needs)
- Unsatisfied (staff did not understand my needs)

4. We aim to help you to make informed decisions. Can you rate how helpful the information/assessment was that you received?

- Very Helpful (informed my decision making)
- Helpful (partially informed my decision making)
- Unhelpful (did not inform my decision making)

Can you suggest ways we could improve the service we provide?

Please Comment:

5. Did your experience with the ILC make a difference in your life in anyway? Please briefly share this with us:

6. Providing a high standard of Customer Service is important to our organization.

Do you agree or disagree with the following statements?

- | | | | |
|--|--------------------------------|-----------------------------------|------------------------------|
| 6.1 Staff communicated in a clear manner | <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree | <input type="checkbox"/> N/A |
| 6.2 Staff respected my privacy & confidentiality | <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree | <input type="checkbox"/> N/A |
| 6.3 Staff were open to my feedback/complaint | <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree | <input type="checkbox"/> N/A |

Please comment:

7. Overall, when thinking about your recent contact with the ILC, how satisfied did you feel that our services met your needs?

- Very Satisfied (Very Helpful)
- Satisfied (Helpful)
- Unsatisfied (Unhelpful)
- Not Applicable

8. On a scale of 1 to 10, how likely are you to use ILC services again?

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lowest	1	2	3	4	5	6	7	8	9	10	Highest

9. On a scale of 1 to 10, how likely are you to recommend the ILC to someone?

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lowest	1	2	3	4	5	6	7	8	9	10	Highest

Please comment:

10. ILC Training Services – What training topics or information sessions would you like to see offered by the ILC in the future?

Please comment:

This section is optional

If you wish to be contacted by a member of staff regarding your feedback, please complete this section.

Name: _____

Preferred contact (Phone/Email/text message): _____

Preferred day/time to be contacted: _____

Do you wish to join any of the ILC mailing lists to receive updates on our services?

Yes / No If yes, please provide your first name & surname and email address:

The ILC WA thanks you for completing our consumer feedback survey.