



Your feedback is important to us!

Name of NDIS Participant (Optional)	
Guardian Name (Optional)	
Completed by	<input type="checkbox"/> NDIS Participant <input type="checkbox"/> Guardian of a NDIS Participant
Date Completed	

Please answer the following questions:

Questions		
CQRH is welcoming and respectful of people and respect their culture, diversity, values and beliefs.	<input type="checkbox"/>	<input type="checkbox"/>
I understand the expectations and what support will be delivered outlined in my Service Agreement.	<input type="checkbox"/>	<input type="checkbox"/>
CQRH's communication with me is clear, understandable and appropriate for me.	<input type="checkbox"/>	<input type="checkbox"/>
CQRH's service and support is consistent with my NDIS Plan.	<input type="checkbox"/>	<input type="checkbox"/>
My health and wellbeing are treated as a priority by CQRH.	<input type="checkbox"/>	<input type="checkbox"/>
My privacy and dignity is respected and maintained.	<input type="checkbox"/>	<input type="checkbox"/>
My quality of life, rights and independence are supported by CQRH.	<input type="checkbox"/>	<input type="checkbox"/>
The CQRH staff are skilled, helpful and supportive of my needs and goals.	<input type="checkbox"/>	<input type="checkbox"/>
I have participated in my service support planning , set goals and provided opportunities to meet those goals.	<input type="checkbox"/>	<input type="checkbox"/>
I am encouraged and supported to be involved in the CQRH support services' activities.	<input type="checkbox"/>	<input type="checkbox"/>
I felt safe with CQRH workers when receiving CQRH support services.	<input type="checkbox"/>	<input type="checkbox"/>
My Support Plans are reviewed and updated to meet my changing needs.	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied that my choices are heard and actioned by CQRH.	<input type="checkbox"/>	<input type="checkbox"/>
I am happy with my assigned support worker/s, and I can 'prefer' certain workers.	<input type="checkbox"/>	<input type="checkbox"/>

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY.