|  |
| --- |
| Territory Equipment Program Client Satisfaction Form (SF-1) |

The Territory Equipment Program (TEP) values feedback from clients, carers, families, guardians or any interested person to help improve our services and better support the provision of equipment needs.

Please take a moment to provide us with some feedback. If you would prefer to speak with someone, please contact your prescribing therapist or a TEP Work Unit on the details at the bottom of this form.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Relationship to TEP Client (please tick):  Self  Carer  Parent/Guardian  Other: | | | | | | | | | |  | | |
| Town or Region: | |  | | | | | | Date: | |  | | |
|  | | | | | | | | | | | | |
| **Feedback** | | | | | | | | | | | | |
| How would you rate the service you received from TEP? | | | | | | | | | | | | |
| Excellent | Smiley face image - large smile. | | Very Good | Smiley face image - medium smile. | Good | Smiley face image - smile. | Fair | | Smiley face image - frown. | | Poor | Smiley face image - large frown. |
| How would you rate the equipment you received from TEP? | | | | | | | | | | | | |
| Excellent | Smiley face image - large smile. | | Very Good | Smiley face image - medium smile. | Good | Smiley face image - smile. | Fair | | Smiley face image - frown. | | Poor | Smiley face image - large frown. |
| What was the best thing about the service? | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| What could be improved? | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Other Comments: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |

NT Health review policies and procedures on a regular basis and include client and stakeholder input in this process. Please provide your contact details in the space provided if you are interested in participating in this process. TEP will not be able to contact all interested parties, however will endeavour to involve as many as possible.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  | | Phone: |  |
| Address/Email (preferred contact method): | |  | | |

Please forward completed forms to your regional TEP Work Unit:

|  |  |
| --- | --- |
| **Top End**  (includes Darwin and the rural area, Katherine and East Arnhem) | **Central Australia**  (includes Alice Springs, Remote Barkly) |
| P: 08 8922 7244 | P: 08 8951 6747 |
| E: TEPDarwin.THS@nt.gov.au | E: TEPAliceSprings.THS@nt.gov.au |
| A: PO Box 40596, Casuarina 0811 | A: PO Box 721, Alice Springs 0871 |