



NDIS Feedback Form

Name of Person Completing Form (optional) _____

What type of service are you providing feedback for?

Please tick:

- Supported Independent Living (SIL) services
- One on One Support
- Support Coordination
- Other _____

What is your role?

- NDIS Participant
- Nominated Support Person (NSP)
- Brook RED Employee
- Other _____

Date: _____

1. Can you tell us what is working well with Brook RED's NDIS supports?

2. Can you tell us about any problems with Brook RED's NDIS supports?

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3. If you could change something about Brook RED's NDIS supports what would it be?

4. Can you tell us about anything we could be doing better or differently?

5. Do you have any suggestions for improvement regarding your cultural needs?

6. How likely would you be to recommend Brook RED's NDIS supports to a friend or loved one? Please circle:

1 Very Unlikely	2 Unlikely	3 Neither Unlikely or Likely	4 Likely	5 Very Likely
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For NDIS Participants and Nominated Support People only:

7. How satisfied were you with the information communicated to you about our NDIS supports?

1 Very Unsatisfied	2 Unsatisfied	3 Neither Unsatisfied or Satisfied	4 Satisfied	5 Very Satisfied
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8. Was the information easy to understand?

- Yes
 No

9. How satisfied are you that Brook RED supports have been meeting your goals and needs?

1 Very Unsatisfied	2 Unsatisfied	3 Neither Unsatisfied or Satisfied	4 Satisfied	5 Very Satisfied
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Please return your form to a Senior Lifestyle Facilitator/Lifestyle Facilitator/Manager or email to enquiries@brookred.org.au. Thank you!