

Partnership Community Worker PCW Referrer Feedback Form

Please answer the questions below so we know how useful our Partnership Community Worker (PCW) programme is and whether we could make it better.

Your name: _____ (optional) Date: _____

PCW name: _____

Q1. What were the reasons for referral ? (Rate these in order of importance: 1 = most important to 13 = the least important)

Physical health	<input type="radio"/>	Mental Health	<input type="radio"/>	Housing	<input type="radio"/>
Lack of support	<input type="radio"/>	Money	<input type="radio"/>	Support with parenting /children	<input type="radio"/>
Culture	<input type="radio"/>	Education	<input type="radio"/>	Language	<input type="radio"/>
Lack of information	<input type="radio"/>	Transport	<input type="radio"/>	Safety and security	<input type="radio"/>
Lack of confidence	<input type="radio"/>	Literacy	<input type="radio"/>	Other:	

Q2. Following the referral did the PCW make contact with you? Yes No

Q3. Did the PCW provide the required support? Yes No and linkages? Yes No

Q4. What did the PCW do well? _____

Q5. What could have been done better? _____

Q6. Any other comments? _____

If you would like us to contact you in regards to your feedback please provide your contact details

Phone: _____

THANK YOU for taking time to complete the PCW feedback form.

The form can be emailed, faxed or posted to;

Maureen van Venrooy, maureen.vanvenrooy@pegasus.health.nz

Pegasus Health (Charitable) Ltd, P O Box 741, Christchurch 8140, Fax 03 365 5977

email finished form