To help us provide the best individual advocacy assistance and support, we would like you to take the time to answer the following questions. Could you please circle your answer and write any comments in the space provided.

1. How did you find out about Mackay Advocacy?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Myself (brochure/ website | Someone who has used Mackay Advocacy | Legal Service | Community Service | Government Department | Other |

1. How long have you been dealing with Mackay Advocacy?

|  |  |  |  |
| --- | --- | --- | --- |
| 1 Month | 6 Months | 1 Year | More than 2 years |

1. Are you confident that Mackay Advocacy treats people with a disability and their families with dignity and respect?

❑ Yes ❑ No

1. Do you believe Mackay Advocacy encourages the rights of a client to participate and make choices about what advocacy support they would like?

❑ Absolutely ❑ Generally ❑ Unsure ❑ Not at all

1. Do you believe the advocate strives to ensure clients basic human and legal rights are acknowledged?

❑ Absolutely ❑ Generally ❑ Unsure ❑ Not at all

1. Are the issues or organisation referred to us being dealt with to your satisfaction?

❑ Yes ❑ No

1. Would your organisation cope with a similar situation on your own next time? ❑ Yes ❑ No
2. Do you believe independent advocacy (i.e. Not joined with another organisation) is a most important service for vulnerable people who have a disability?

❑ Yes ❑ No

1. Do you believe Mackay Advocacy ensures privacy and confidentiality of your personal information?

❑ Yes ❑ No

1. Anything else you would like to tell us about?

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………………………………………………………………………………….

Name and Organisation (Optional)

**WE SINCERELY THANK YOU FOR YOUR COMMENTS AND YOUR TIME IN PROVIDING US WITH THIS VALUABLE INFORMATION. ALL INFORMATION RECEIVED IS CONFIDENTIAL.**