

**Tell us what you think of Yeaca Dhargo Wellbeing Program!**

This is a **CONFIDENTIAL** survey for people who have received support from our Family Support Wellbeing Practitioner, this survey will take about 5 minutes to complete.

All survey responses are reviewed by our Management Team and final results about Yeaca Dhargo Wellbeing Support may be published in research journals, presented at conferences, or made available to the public.

Any questions, concerns or feedback about the survey please contact our Yeaca Dhargo Program Coordinator Kurbingui Youth and Family Development on **(07) 3156 4800** or Email: **[yeacadhargo@kurbingui.org.au](mailto:yeacadhargo@kurbingui.org.au)**

Thank you.  
Program Coordinator  
Yeaca Dhargo

**Date:** \_\_\_\_\_

**Which cultural group do you identify with?**

- Aboriginal     
  Torres Strait Islander   
  Both Aboriginal & Torres Strait Islander  
 Non – Indigenous   
  Culturally and Linguistically Diverse   
  Other \_\_\_\_\_

**About how long were you involved with this program?**

- Less than 1 month   
  6 months   
  7-12 months   
  1-2 years   
  More than 3 years

**How satisfied are you with the Wellbeing Team in the following areas:**

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Somewhat Dissatisfied
Providing help and support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being caring and understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing useful advice and Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treating you/your family with respect and dignity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Connecting to Community and Culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How likely is it that you would recommend Yeaca Dhargo Wellbeing to a family member, friend or colleague?**

- 
- 1      2      3      4      5      6      7      8      9      10
- Not at all** **Very Likely**

**What does Yeaca Dhargo do well?**

**What could we do to improve?**

	Yes	Unsure	NO
I know more about the needs of my child/ren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel more able to keep myself and my child/family safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know more about Aboriginal and Torres Strat Islander services in my area that can provide help and support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel more confident to find appropriate support services in the future if necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel more connected to community and services that can support me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Do you have any other comments?**

Yes

No

**Would you be happy to be contacted to discuss your feedback?**

Yes

No

**Optional**

Name		Phone:	
Address		Post Code	

**Please email completed form to: [yeacadhargo@kurbingui.org.au](mailto:yeacadhargo@kurbingui.org.au)**