

**Tell us what you think!**

This is a confidential survey for people who have received support from our Numula Family Response (Numula) Program. This survey will take about 5 minutes to complete.

All survey responses are reviewed by our management team and results about Numula Family Response (Numula) support may be used for research purposes, published in research journals, presented at conferences, or made available to the public.

We appreciate all feedback so please take this opportunity to have your say and complete this short survey will take about 5 minutes to complete.

Any questions, concerns or feedback about the survey please contact our Numula Family Response (Numula) team on: **(07) 3156 4800** or Email: **numula@kurbingui.org.au**

Thank you.

Program Coordinator

Numula Family Safety Response

## About Me

### Which cultural group do you identify with?

- Aboriginal/Torres Strait Islander
- Non-Indigenous
- Culturally and Linguistically Diverse
- Other

### Please tick I am:

- Female
- Male
- Intersex
- Transgender
- Non-Binary
- Brother Boy
- Sister Girl

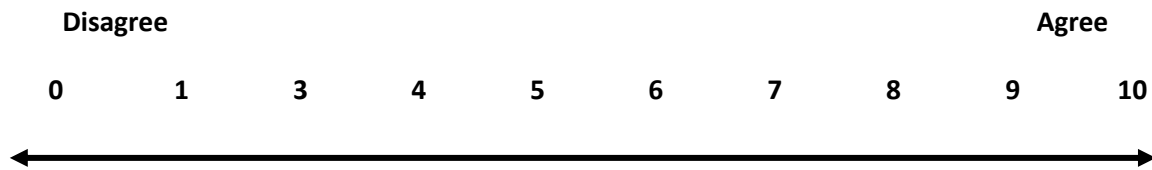
### About how long were you involved with this group?

- Less than 1 Month
- 1-6 Months
- 7-12 Months
- 1-2 Years
- 1-2 Years

**About the Service**

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Satisfied
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 with community and culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**I would recommend Numula Family Safety Response to a friend or family member agree or strongly agree.**



**What does Numula Family Safety Response do well?**

**What could we do to improve?**

**Anything else you would like to tell us?**

**As a result of working with the Numula Family Safety Response Program (please tick):**

	YES	NO	UNSURE
I know more about the needs of my child/ren/family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel more able to keep myself and my child/ren/family safe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know more about Aboriginal and Torres Strait 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"/>

**Would you be happy to be contacted to discuss your feedback?**     Yes     No

**Optional**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Post Code:** \_\_\_\_\_

**Thank you for your time.**