

Social Emotional Wellbeing Feedback Survey

Tell us what you think!

This is a confidential survey for people who have received support from our Social Emotional Wellbeing Program. This survey will take about 5 minutes to complete.

All survey responses are reviewed by our management team and results about Social Emotional Wellbeing (SEWB) 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 Social Emotional Wellbeing (SEWB) team on: **(07) 3156 4800** or Email: **SEWB@kurbingui.org.au**

Thank you.



Social Emotional Wellbeing Feedback Survey

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



Social Emotional Wellbeing Feedback Survey

About the Service

					Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Satisfied	
Providing	Help and S	Support							
Being Car	ing and und	derstandir	ng						
Providing	useful adv	ice and inf	ormation						
Treating you/your family with respect and dignity									
Being Professional									
Connecting with community and culture									
I would re agree.	commend	Social Em	otional W	/ellbeing to	o a friend o	or family me	mber- agree	or strongly	
Disagree							Agree		
0	1	3	4	5	6	7 8	3 9	10	
What does	s Social Em	otional W	ellbeing d	o well?					
What coul	d we do to	improve?							
Anything e	else you wo	ould like to	tell us?						



Social Emotional Wellbeing Feedback Survey

As a result of working with the Social Emotional Wellbeing Program (please tick):

	YES	NO	UNSURE		
I know more about the needs of my child/ren/family.					
I feel more able to keep myself and my child/ren/family safe.					
I know more about Aboriginal and Torres Strait Islander services in my area that can provide help and support.					
I feel more confident to find appropriate support services in the future if necessary.					
I feel more connected to community and services that can support me.					
feel more able to keep myself and my child/ren/family safe. know more about Aboriginal and Torres Strait Islander services in my rea that can provide help and support. feel more confident to find appropriate support services in the uture if necessary. feel more connected to community and services that can support lee. pull you be happy to be contacted to discuss your feedback? Yes No					
Name:Phone:					
Address: Post Co	de:				

Thank you for your time.