FEEDBACK FORM

Please return this completed form by:
Give it to your Support Worker or Email to enquiries@last.care
or Post to PO Box 620, Aitkenvale 4814

NAME (Optional):_____

1. Are you happy with the responses you receive to your requests from LAST administration staff?

   Yes ☐ No ☐ If no, please comment

2. Does LAST adequately understand your support requirements?

   Yes ☐ No ☐ If no, please comment

3. Does LAST provide Support Worker/s who are able to meet your support needs?

   Yes ☐ No ☐ If no, please comment

4. Do you feel comfortable approaching LAST management & staff with concerns about your support?

   Yes ☐ No ☐ If no, please comment

5. Do you have any suggestions or comments regarding your support or any future support?

   Yes ☐ No ☐ If no, please comment

6. Would you like a LAST representative to contact you to discuss your views expressed on this form?

   Yes ☐ No ☐