

Client Satisfaction Survey

We are committed to improving our service and we would like to know how we did.

Although this information is not required, we would like to know your name and contact details so that we can contact you about your feedback. First name: Family name: Mobile number: Email: □ I would like to be contacted about my feedback. What describes you best? □ 50-64 □ 65+ Age: □ 18-49 Client group: □ NDIS □ Private □ Aged Care Location: □ North □ South □ Northwest \Box person with a disability Are you a: □ paid support person or carer of a person with a disability □ family member or informal carer of a person with a disability □ stakeholder Services accessed:

Occupational Therapy □ Speech Therapy □ Physiotherapy □ Allied Health Assistant Support □ Plan Management I received a high-quality service at ILCT □ Strongly Disagree □ Neutral □ Agree □ Strongly Disagree Agree I had the support I needed to achieve my goals □ Strongly □ Disagree □ Neutral □ Agree □ Strongly Disagree Agree I received a high level of skill and knowledge to best support me □ Strongly □ Disagree □ Neutral □ Agree □ Strongly Disagree Agree



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