

EAP Feedback Form



Overview

Please complete this questionnaire about your experience with Assure's Employee Assistance Program (EAP). Your feedback is critical in ensuring that a high quality service is available to all Assure clients. Please return using the Reply Paid envelope provided.

All information provided is confidential and anonymous.

Feedback

Your Organisation: _____

Counsellor's Name: _____ Date: ____ / ____ / ____

Please rate the following statements according to how satisfied you are with your experience in using the Assure EAP.

Please tick the appropriate response	Satisfied		Neutral	Dissatisfied	
	5	4	3	2	1
The ease of making an appointment.					
The helpfulness of the person making your appointment.					
The counsellor's understanding of your situation.					
Your level of satisfaction with the quality of counselling and/or support received through the EAP.					
The extent the EAP assisted you in managing your issues or concerns?					

Please tick the appropriate response	N/A	Yes	Undecided	No
Did the counselling help maintain your performance or attendance at work?				
If you were referred to another service (legal, medical, financial, psychological), were you satisfied with their service?				
Would you use the Assure EAP again if the need arose?				
Do you believe your access of the Assure EAP will remain confidential?				

Please make any comments, which you feel may be helpful in improving the EAP?

Follow Up

If you would like to discuss any aspects of the EAP with an Assure Manager / Psychologist, please indicate below. You will be contacted with the utmost discretion.

NO YES (If yes, provide further details below)

Your Name: _____

Your Phone Number: _____