



DATE:

YOUR NAME:
(OPTIONAL)

COUNSELLOR /
SUPPORT WORKERS
NAME: (OPTIONAL)



41 MASON ROAD,
KIDDERMINSTER,
DY11 6AG

e: familysupport@kemphospice.org.uk

YOUR FEEDBACK PLEASE

Your feedback is really important to us here in the Family Support Team at KEMP Hospice. It enables us to measure and demonstrate the impact of our work and also to grow and develop the support that we can offer people of the Wyre Forest. If you are happy for us to share your feedback (anonymously) with others (as a quote/within a press release/social media/marketing), to help highlight the work of the Family Support Team locally, please tick the 'YES' box. (KEMP Hospice will never use your full name/share any of your personal details. For further details on your data/privacy visit our website www.kemphospice.org.uk/privacy)

- Thank you

Please let us know what you thought about the service you received from the KEMP Hospice Family Support Team:

How satisfied were you with the service? (1 = poor - 10 = outstanding) *(Please tick)*

1

2

3

4

5

6

7

8

9

10

Poor



Outstanding

If there was one thing that could improve KEMP's Family Support Service what would it be?

We would love to hear what difference KEMP has made to you and your family...