

Feedback Form - Summer Camp

KPS ENABLING FUTURES

KPS Enabling Futures important feedback - Please complete the questionnaire below. As you are aware, KPS Enabling Futures is a three year Big Lottery - Reaching Communities project. Naturally, we would appreciate your feedback to enable us improve our services and facilities for the future.

Please circle your rating starting from **POOR** = 1 to **EXCELLENT** = 5 The characteristics of the accommodation The quality of the bedroom suites The quality of the en-suite facilities Cleanliness of your suite The comfort of your bed and linen Quietness and privacy of your suite Quality of service provided Please use this box for any comments in relation to the above **About the staff & volunteers** How do you rate your welcome to Trebullom The friendliness during your stay

Meeting your needs and helpfulness

Please use this box for any comments in relation to the above				

About the location of KPS Trebullom					
How would you rate the surroundings	1	2	3	4	5
Was your stay relaxing and quiet	1	2	3	4	5
Please use this box for any comments in re	elation to	the a	bove		
About the food and refreshments					
How do you rate quality of the meals	1	2	3	4	5
Do you feel all your needs were met	1	2	3	4	5
Please use this box for any comments in re	elation to	the a	bove		
About the trips and outings					
Did you enjoy the trips and outings	1	2	3	4	5
How do you rate the volunteer driver	1	2	3	4	5
Please use this box for any comments in re	elation to	the a	bove		

About the children's activities (Please list activities below)

ACTIVITY NAME					
How do did rate this activity?	1	2	3	4	5
How you rate the facilitator?	1	2	3	4	5
	YES	}	NO		
Did you find this activity useful?					
If YES Why – and how might they use this	activity to	move	forwa	ard?	
and non-inight and, ass and					
If NO why not?					
Please use this box for any comments in I	relation to	the a	bove		

About the children's activity (Please list the activity attended below)

ACTIVITY NAME						
How do did rate this activity?	1	2	3	4	5	
How you rate the facilitator?		1	2	3	4	5
		YES	5	NO		
Did you find this activity useful?						
			_			
If YES Why – and how might they use t	his act	ivity to	move	e forwa	ard?	
If NO why not?						
Please use this box for any comments	in relat	tion to	the a	bove		

About the children's activity (Please list the activity attended below)

ACTIVITY NAME					
How do did rate this workshop?	1	2	3	4	5
How you rate the facilitator?	1	2	3	4	5
	YES	;	NO		
Did you find this activity useful?					
If YES Why – and how might they use this	activity to	move	e forwa	ard?	
If NO why not?					
Please use this box for any comments in re	elation to	the a	bove		

About the children's activity (Please list the activity attended below)

ACTIVITY NAME						
How do did rate this activity?	1	2	3	4	5	
How you rate the facilitator?		1	2	3	4	5
		YES	5	NO		
Did you find this activity useful?						
			_			
If YES Why – and how might they use t	his act	ivity to	move	e forwa	ard?	
If NO why not?						
Please use this box for any comments	in relat	tion to	the a	bove		

About the games and toys					
How would you rate the games available	1	2	3	4	5
How would you rate the toys available	1	2	3	4	5
Please use this box for any comments in relat	ion to	the a	bove		
About the public areas and their facilities					
How would you rate the Library	1	2	3	4	5
How would you rate the Drawing Room	1	2	3	4	5
How would you rate the Dining Room	1	2	3	4	5
How would you rate the Conservatory	1	2	3	4	5
Please use this box for any comments in relat	ion to	the a	bove		
Our benevolent services (if applicable)					
How would you rate our therapies	1	2	3	4	5
Was your needs met by our counsellor	1	2	3	4	5
Did you find our welfare rights advice useful	1	2	3	4	5
Please use this box for any comments in relat	ion to	the a	bove		

Your stay with us How do you rate your overall stay 3 1 2 5 2 How do you rate the quality of the service 1 3 5 Please use this box for any comments in relation to the above **YES** NO Did you enjoy your stay with us? If **YES** what was the most enjoyable part of your stay? If **NO** why and how may we improve this project? YES NO Would you attend another event? If **YES** would you promote this event and service to others? If **NO** why not?

Y	ES	NO
Did you find any problems?		
If YES what were the problems?		
If NO how might we improve upon KPS Enabling F	uturos Pro	ioct?
If NO now might we improve upon KF3 Lilabiling in	utures Fro	Ject:
		E USE ONLY
Date of your Stay:	GUEST	REF No.
Child's Name:	CLITIC	DEEN
	CHILD	REF No
Parent/Guardian's Name:		

KPS Enabling Futures Project will use the information completed on this 'Feedback Form' for statistical purposes and to also enable The Big Lottery Fund – Reaching Communities an evaluation of the service we provide.

Thank you for taking your time in completing this important information.

