



Risk Assessment Provider

Customer Satisfaction Feedback Form

This feedback form provides you with an opportunity to share your experience of using the services of a 'Risk Assessment Provider' for the benefit of other Safeguarding Commissions and the Catholic Church as a whole.

Where possible we would encourage you to send a copy of the feedback form to the Risk Assessment Provider to assist them in their monitoring task, helping them to improve their service through constructive feedback.

This form should be completed by a representative of the Safeguarding Commission, in consultation with Commission members.

Name of Safeguarding Commission: _____

Name of person completing form: _____

Your role within the Commission: _____

Date completed: _____

Please return completed for to carol.parry@csas.uk.net

Or post to:

**Carol Parry
Learning & Development Adviser
CSAS
Queesway House
57 Livery Street
Birmingham
B3 1HA**



**Risk Assessment Provider
Satisfaction Feedback Form**

A) Information on the Risk Assessment Provider

A1 Who provided you with information on the Risk Assessment Provider?
CSAS Other

A2 If information was provided by CSAS, did you access the information by:
contacting CSAS office accessing CSAS website

A3 If information was provided by someone other than CSAS who provided the information:
Name: _____
Address: _____

A4 Did you access information on a number of risk assessment providers?
Yes No

A5 Was the information received helpful?
Yes No

A6 If yes why... if no why not...

Please state:

A7 What influenced your choice of risk assessment provider?
Cost
Expertise
Accessibility (geographical area)
Availability in relation to time
Personal recommendation
Other (please state below)

Please state:

A8 What was the cost of the risk assessment? _____



B) Risk Assessment Provider

B1 Was the risk assessment process explained clearly to you as the commissioning client?

Yes No

B2 Was the expertise being offered fully explained?

Yes No

B3 Were you happy with the time frame from referral to completion of assessment?

Yes No

C) REQUIREMENTS

C1 Did you feel that your requirements were understood?

Yes fully Yes to some extent No not at all

C2 Did you feel that your requirements were met?

Yes fully Yes to some extent No not at all

Answer C2: please comment

D) OUTCOME

D1 Did the risk assessment provider supply sufficient information to enable your Commission to make recommendations?

Yes No

D2 If yes - where the recommendations followed through?

Yes all Yes some No

D3 In relation to the service received - what went well?

Please state:



D4 What could have been done differently to improve the service received?

Please state:

D5 Would you recommend this particular Risk Assessment Provider to another Diocese/Order?

Yes No

D6 Did the subject of the assessment have the opportunity to see and comment on the assessment?

Yes No

D7 As far as you are aware, was the person being assessed satisfied with the assessment process and the assessment organisation?

Yes No Don't know

Answer D7: please give a brief explanation



E) Have you sent a copy of this feedback form to the risk assessment provider?

Yes

No

F) Any other comment/ suggestion you would like to make?

Please state:

Thank you for taking the time to complete this feedback form.