**Bridge the Gap Facilitators**

**Feedback Form**

**In our Service Relationship Agreement we stated that Bridge the Gap Facilitators will**

* Use all the information you gave us during your initial assessment to allocate an appropriate facilitator to support your needs
* Process your personal information according to our privacy policy; by signing this agreement you provide explicit consent for any special category data you disclose to also be processed
* Work with integrity, to the highest professional practice, and maintain complete confidentiality except where we are legally obliged to inform the appropriate authority where we have reason to believe or you have disclosed a risk of serious harm to yourself or others
* Negotiate all aspects of our service with you including preferred mode of contact, cost, duration and appropriate termination
* Reserve the right to terminate our association with you if our facilitator believes they are being threatened and it has not been possible to establish a resolution

**Please complete the sections below so that we can learn from your experiences, maintain the standard we aspire to and improve our service where needed. Thank you in advance.**

What did we do well?

What would be even better if…? Please give us any ideas you have to improve our service.

Do you have anything else you would like to tell us?

Are you happy for us to use your feedback as quotes in our marketing? Yes No

Are you happy for us to include your name in our marketing? Yes No

If so which name would you like us to use - Name:

**THANK YOU!**