



Support feedback form

We do not ask for your name.

The feedback you give will help to improve the service.

1. Did you come to a member of staff with a problem, or did they come to you?

- I approached a member of staff
- A member of staff approached me
- Other – please state

Comments.....

2. Who was it who helped you at first?

- | | |
|--|---|
| <input type="checkbox"/> The college Principal | <input type="checkbox"/> The college caretaker |
| <input type="checkbox"/> A college personal tutor | <input type="checkbox"/> The college security person |
| <input type="checkbox"/> A college teacher / lecturer | <input type="checkbox"/> Someone from the open door service |
| <input type="checkbox"/> A college counsellor | <input type="checkbox"/> Pastoral support |
| <input type="checkbox"/> Person on front desk / reception | <input type="checkbox"/> Learning support staff / mentor |
| <input type="checkbox"/> Another student / learner | |
| <input type="checkbox"/> Other college staff (Please state)..... | |

Comments.....

3. Did you find them helpful?

- Yes
- No – if not, why?

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4. What kind of issues did you have? (you can tick more than one box)

- | | |
|---|---|
| <input type="checkbox"/> Anger | <input type="checkbox"/> Other health issues |
| <input type="checkbox"/> Anxiety, stress, depression, low mood | <input type="checkbox"/> Panic attacks, phobias |
| <input type="checkbox"/> Bereavement, loss, getting over a traumatic event | <input type="checkbox"/> Relationships – partners, friends, family, tutors |
| <input type="checkbox"/> Being bullied, racism, being discriminated against | <input type="checkbox"/> Problems with eating – too much or too little |
| <input type="checkbox"/> Being a carer | <input type="checkbox"/> Relaxation, sleeping |
| <input type="checkbox"/> Diagnosed mental health issues, current treatments | <input type="checkbox"/> Self esteem, body image |
| <input type="checkbox"/> Effects of alcohol, drugs, medication | <input type="checkbox"/> Self harming behaviours |
| <input type="checkbox"/> Money worries | <input type="checkbox"/> Thoughts of suicide |
| <input type="checkbox"/> Other – please state | <input type="checkbox"/> Worrying habits and compulsions ie smoking, excessive exercise |

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5. Did they pass you on to other people or services and if so who were they?

- Yes
 No

They passed me on to.....
.....

6. Did you have any difficulties with your studies because of your issue?

- Yes
 No

Comments.....
.....

7. Did you get help to get your studies back on track?

- Yes
 No

Comments.....
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8. Did you have to take any authorised or unauthorised leave from college because of your problem? (REMEMBER THAT THIS FORM IS CONFIDENTIAL)

- Yes
- No
- Other – please state

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Comments.....

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9. If so, were you supported when you came back.

- Yes
- No – if not, why?

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Comments.....

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10. If yes, then how were you supported eg extra teaching time, more time to complete work?

Comments.....

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11. Is there any other help you would have liked?

- Yes – please state
- No

Comments.....

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12. What services would you like to see in college to help students stay physically and emotionally well?

Comments.....

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13. Do you now feel better able to cope with college life and continue with your studies?

Yes

No – if not, why?

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Comments.....

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14. Would you tell other students / learners about this service?

Yes

No – if not, why?

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Comments.....

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15. How would you rate the help you received from the college?

Excellent



Good



Fair



Poor



I don't know



Thank you for filling in this survey