

**ACCESS FUND PARENT /CARERS’ FEEDBACK FORM**

THANK YOU FOR YOUR TIME

The Access Panel Team are always delighted to receive additional supporting evidence of your activities (photographs etc) if you would like to share any with us.

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

 E.mail nunsmoor.trust@gmail.com 0191 277 4400

**\*\*This form needs to be completed and returned with your receipts**

**Feedback is really appreciated as it helps us to secure funding for the future.**

Date: Parent’s name:

Child’s name: Child’s Date of Birth

Please provide E.mail address or phone number:

* Number of years your child has received Access Fund Awards?
* Which activity did this year’s grant support for your child and which provider did you use?

The Award was granted to support my child in the following areas:

|  |  |  |
| --- | --- | --- |
|  Reduce social anxiety |  Promote friendships and social skills |  Reduce family stress / Increase family wellbeing and resilience |
|  Strengthen self-image and identity |  Promote communication / speech and language |  Create positive memories  |
|  Develop confidence to try new things |  |  Focus behaviour positively  |

|  |  |  |
| --- | --- | --- |
|  |  | Not at all not sure somewhat yes definitely made a  significant difference |
| Did the activities chosen help your child develop in the areas selected above? |  | 0 1 2 3 4 5 6 7 8 9 10/\_\_\_\_­\_/\_­­\_\_ ­\_\_/\_\_\_\_\_/\_ \_\_\_\_/\_ \_\_\_\_/\_ \_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/ |
| Did the activities benefit the wider family’s sense of wellbeing? |  | 0 1 2 3 4 5 6 7 8 9 10/\_\_\_\_­\_/\_­­\_\_ ­\_\_/\_\_\_\_\_/\_ \_\_\_\_/\_ \_\_\_\_/\_ \_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/ |
| Would you say that Access Fund helped improve your child’s quality of life?  |  | 0 1 2 3 4 5 6 7 8 9 10/\_\_\_\_­\_/\_­­\_\_ ­\_\_/\_\_\_\_\_/\_ \_\_\_\_/\_ \_\_\_\_/\_ \_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/ |

Please give us **3 words** that describe what the access fund has done for your family?

|  |  |  |
| --- | --- | --- |
|  |  |  |

Did the funding help your family use activities in the local community, that otherwise you would not have accessed?

Yes no

What feedback would you give about the activity your child attended?

* Accessible for your child?
* Responded to child’s needs?
* Adapted their service where needed?

Any comments that you would like to add.

