



## User Satisfaction Survey

We are always striving to improve our service to our customers, and to help us in this, we would be grateful if you would complete and return the following questionnaire.

### **Please tell us who you are:**

- |   |                          |
|---|--------------------------|
| Child or young person                   | <input type="checkbox"/> |
| Parent                                  | <input type="checkbox"/> |
| Respondent LA, FEI, or Responsible body | <input type="checkbox"/> |
| Case friend                             | <input type="checkbox"/> |
| Applicant representative                | <input type="checkbox"/> |
| Respondent representative               | <input type="checkbox"/> |
| Other                                   | <input type="checkbox"/> |

**If other please specify:**

## Feedback

Your feedback will help us to improve our services. Please answer the following questions by placing a number in the box.

- 1 = Strongly agree
- 2 = Agree
- 3 = Neither agree or disagree
- 4 = Disagree
- 5 = Strongly disagree

### **1. Communication**

If you contacted ETW during any stage of your application, please indicate how satisfied you were with the following:

- |                                     |                          |
|-------------------------------------|--------------------------|
| We were prompt to respond:          | <input type="checkbox"/> |
| We were polite and helpful:         | <input type="checkbox"/> |
| Information was accurate and clear: | <input type="checkbox"/> |

## 2. Service

Please indicate how satisfied you were with the service we provided during the appeal/claim:

I was able to understand the process:

I found the *Application* or *Claim guidance* booklet useful:

We processed your application efficiently:

## 3. Hearing

Please indicate how the following met your needs.

I was satisfied with the location/medium of the hearing:

Our staff were helpful and polite:

## 4. Website

If you used our website, did you find it useful?

Yes

No

If no, please say why not:

If you gave us 4 or 5 for any of the questions, please tell us why:

If you have any further comments please use the space below:

During the year we hold meetings for our users. Our users include parental representatives, parents, representatives from LEA's and representatives from voluntary organisations.

The meetings take place in North Wales & South Wales. The meetings take the form of an open discussion forum with agenda items being submitted prior to the event.

If you would like to be included in our user group meetings please provide your contact details below.

Name & Address:

Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Thank you**

Please return a copy of this completed form to:

[educationtribunal@gov.wales](mailto:educationtribunal@gov.wales)

or

ETW  
Welsh Tribunals Unit  
PO Box 100  
Llandrindod Wells  
Powys  
LD1 9BW