**Form**

**Stakeholder feedback form**

To improve our service and support, it would help us if you could take some time to fill in this Feedback Form and return it by email to advocacy@yvc.org.uk.

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| 1. What is your name?  |  |
| 2. What is your job title? |  |
| 3. Which organisation do you work for? |  |
| 4. What is your relationship to the person who received advocacy support from Your Voice Counts? |  |
| 5. If you made an advocacy referral, how did you find the process of making a referral?  | Very difficult☐ | Difficult☐ | Easy☐ | Very easy☐ | n/a☐ |
| 6. What did the advocate do well? |  |
| 7. Is there anything the advocate could have done differently? |  |
| 8. What difference did having advocacy support make for the person? |  |
| 9. Do you feel confident enough to describe to the people you support what advocacy is and why it might be helpful for them? (please contact us at the email address above if you would be interested in learning more about advocacy services)  | Yes ☐ | No ☐ |

