

## EAPworks' SERVICE EVALUATION FORM

*We invite you to evaluate the service you have just received.*

**Note:**


- Your identity will be kept confidential unless you give your permission
- The information that you provide should be given voluntarily
- There is no requirement to record your name on this form.
- If you have any queries please contact:

EAPworks  
P.O. Box 26641 Auckland. 1344  
PH (09) 6232950 or 0800 SELF HELP  
info@eapworks.co.nz

**Please complete the following:**

Date: ...../...../.....

My Company: ..... Town: ..... Counsellor: .....

<b>Please tick the appropriate box</b> 	<b>Strongly Agree</b>	<b>Agree</b>	<b>Unsure</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
1. My appointment was made in a reasonable time					
2. I felt that the counsellor understood my situation					
3. I feel that the counselling session was helpful in dealing with the issues					
4. The counselling session will help me improve my wellbeing and productivity					
5. I would recommend this service to other employees					
6. Other comments					

**This section is optional:**

Are there any comments or suggestions you would like to make about your workplace environment? The information you provide will be collated with other comments and suggestions and be included as part of a confidential and neutral feedback report to your company.

1. My Suggestions / Comments are:		
2. Have you raised this matter before?	Yes:	No:
3. What would you like to see happen?		
4. ( OPTIONAL ) My contact Details	Name:	Phone:

Please complete this form, scan and email to info@eapworks.co.nz, fax it to EAPworks - 09 625 6942, or return it to your counsellor who will send it to EAPworks Ltd.