

We would like to hear what you thought of this report so that we can continue to improve future publications. By returning this feedback form to us by 31st January 2010, you will go into the running to **WIN a \$200 petrol or pharmacy voucher\*** of your choice.

**Let us know what you think! Simply:**

- Drop your completed Feedback Form in to reception at any of the BCH sites;
- or post your completed Feedback Form using our Reply Paid address (no stamp required):  
*Ballarat Community Health  
 Quality of Care Report Feedback  
 Reply Paid 1156  
 Bakery Hill Mail Centre 3354*
- or visit our website ([www.bchc.org.au](http://www.bchc.org.au)) to provide feedback electronically

# feedback form



WHAT DID YOU THINK OF THIS REPORT?	No, not at all			Yes, definitely		
	0	1	2	3	4	5
Was the information interesting?						
Was the report the right length?						
Was the report easy to understand?						

**What did you like most about this report?**

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**Is there other information about the quality systems and processes at BCH that you would like us to consider for future reports?**

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**Please tick the box the best describes you:**

BCH Client or Carer  
  BCH Member  
  Member of partner agency  
  Community member  
  Staff or Board member  
 Other (please specify) \_\_\_\_\_

**How did you receive this report?**

Received by post  
  Picked up a copy from BCH  
  Picked up a copy from my Doctor  
  Via the BCH website  
 Other (please specify) \_\_\_\_\_

**Thank you for taking the time to complete this form.  
 Your views are very important to BCH and your comments are appreciated.**



YES! I would like to be entered into the draw to win a \$200 voucher\* (please choose one of the following)

- \$200 Petrol Voucher
- \$200 Pharmacy Gift Voucher

\* Courtesy of staff fund-raising activities. To be eligible for the draw, please return your form by 31st January, 2010

YES! I would like to be involved in developing BCH's Quality of Care Report next year  
 BCH seeks input from clients, carers and community members in the development of our Quality of Care Report.  
 If you would be interested in providing input, please let us know (obligation free).

If you ticked **YES** for either of the statements above, please write your name, address and telephone number here so that we can contact you:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_