



# Feedback Form

Your feedback is very important to us and will be used to further improve our services and inform future placements. Please take a few moments to answer the following questions.

## PRE-PLACEMENT

**Q1. To what extent do you agree or disagree with the following statements regarding your experience with RAHC prior to your clinical placement?**

| Please mark your choice   | Yes | No | N/A |
|---|-----|----|-----|
| 1. You were kept well informed of the progress of your application  |     |    |     |
| 2. You were well briefed on requirements of the role and felt that your experience matched the job description        |     |    |     |
| 3. You were well briefed with clear instructions on what you were required to do prior to departure                   |     |    |     |
| 4. Your employment pack (i.e. confirmed travel details, contract), was received in a timely manner prior to departure |     |    |     |
| 5. Your employment pack contained clear instructions and all required documentation                                   |     |    |     |
| 6. The RAHC team responded to your queries in a timely manner   |     |    |     |
| 7. Your travel arrangements were acceptable   |     |    |     |
| 8. The RAHC team were professional in their conduct   |     |    |     |
| COMMENTS:   |     |    |     |

## TRAINING AND ORIENTATION (if first placement)

**Q2. To what extent do you agree or disagree with the following statements about your experience with the RAHC training and orientation program?**

| Please mark your choice  | Yes | No | N/A |
|--|-----|----|-----|
| 1. The cultural orientation handbook was informative and helpful               |     |    |     |
| 2. The cultural program with NTGPE was informative and helpful                 |     |    |     |
| 3. (if applicable) The clinical program with NTGPE was informative and helpful |     |    |     |
| COMMENTS:  |     |    |     |

## ON-PLACEMENT

Q3. Overall, how would you rate your experience while on your placement?

Very good     Good     Acceptable     Poor     Very poor

Q4. To what extent do you agree or disagree with the following statements regarding your work conditions?

| Please mark your choice   | Yes | No | N/A |
|---|-----|----|-----|
| 1. You had appropriate cultural support and guidance from the health centre |     |    |     |
| 2. You had appropriate clinical support and guidance from the health centre |     |    |     |

Q5. To what extent do you agree or disagree with the following statements regarding safety and security?

| Please mark your choice  | Yes | No | N/A |
|--|-----|----|-----|
| 1. Did you feel safe /secure while on duty   |     |    |     |
| 2. Did you feel safe /secure while off duty  |     |    |     |
| 3. The Health Centre or clinic you worked in displayed a high level of awareness about OH& S |     |    |     |
| 4. You were provided with necessary personal safety equipment to safely perform your role    |     |    |     |
| 5. You had the appropriate clinical competence to safely perform your job                    |     |    |     |
| 6. The accommodation was of an acceptable standard   |     |    |     |

COMMENTS:

## CLINICAL

Q6. The information provided to you by RAHC adequately prepared you for your placement?

| Please mark your choice  | Yes | No | N/A |
|--|-----|----|-----|
| 1. The hours specified in your contract reflected the amount of hours you worked   |     |    |     |
| 2. The amount and conditions regarding responsibilities of on-call were reasonable and complementary with safe practice. |     |    |     |
| 3. The duties you were responsible for were consistent with your expectations/understanding                              |     |    |     |
| 4. You had appropriate equipment / facilities to perform your job  |     |    |     |

COMMENTS:

Would you be interested in another placement with RAHC?

YES  NO

If Yes, when (indicative dates):

/ / - / /

Or, would you like someone from the placement team to contact you?

YES  NO

Any other comments:

### Personal Information (Optional)

Name:

Health professional discipline:

Health Centre:

Position while on assignment:

Dates of Engagement:

/ / - / /

Today's Date:

/ /