



Please send us your feedback!

This is our first *Quality of Care Report* so we would love to hear what you thought about it. As we will be producing the report every year your feedback will be really useful. When you respond you become eligible to win either a \$40 Readings voucher or \$30 Coles voucher. These prizes will be drawn at our Annual General Meeting (AGM) on Thursday 13th November. Please take a moment to complete the feedback form below and then either post it or drop it off at one of our centres (addresses on the back cover of the report) before **12th November 2008**, or bring it with you if you are coming to the AGM.

ISCHS QUALITY OF CARE REPORT 2008 FEEDBACK FORM	
NAME <input type="text"/>	
Contact number <input type="text"/>	
1 What did you think of this report? <i>[Please indicate on the scale.]</i>	
2 Was the report easy to understand? <input type="checkbox"/> EASY <input type="checkbox"/> MODERATE <input type="checkbox"/> DIFFICULT	3 Did the information in the report meet your needs? YES <input type="checkbox"/> NO <input type="checkbox"/>
4 Was the print size right for you? YES <input type="checkbox"/> NO <input type="checkbox"/>	5 Did you find the graphs and tables useful? YES <input type="checkbox"/> NO <input type="checkbox"/>
6 What would you like to see in future reports? <input type="text"/>	
7 Would you like to help us in developing future reports? YES <input type="checkbox"/> NO <input type="checkbox"/>	Thanks! We will be in touch next year about you being on the 2009 Quality of Care Report Working Group.
OTHER COMMENTS → Please write other comments on the back of the form and tick this box <input type="checkbox"/>	
MEMBERSHIP → I am a member of ISCHS YES <input type="checkbox"/> NO <input type="checkbox"/>	

Can I become a member?

Yes! Simply fill in the form below and post it or drop it off at one of our centres (addresses on the back cover of the report). It's free!

ISCHS MEMBERSHIP APPLICATION FORM			
Title	First NAME	Last NAME	
ADDRESS			
Postcode			
PHONE [Home]	PHONE [Work]	Email	
<input type="checkbox"/> I would like to receive information via email. (This helps ISCHS save money and the environment.)			
<input type="checkbox"/> I would like to be contacted about opportunities to provide feedback and to participate in ISCHS planning and decision-making.			
I certify that I am over 18 years of age, and I live, work, or am an enrolled student at an educational institution served by ISCHS, or that I am a client of ISCHS.			
Signature of applicant			Date
<i>Information provided to ISCHS is confidential and will not be passed on to any other organisation.</i>			