

**YMCA NSW**

## Policy Development and Review – Client feedback



Policy Name: \_\_\_\_\_

Review Date: \_\_\_\_\_

Client Name (optional): \_\_\_\_\_

Age range: \_\_\_\_\_

(Under 18, 18-28, 28 – 45, 45 and over)

1. Does the reviewed policy/procedure directly influence you as a client of YMCA NSW?

Y            N

2. Will the reviewed policy/procedure have any impact (positive or negative) on you as client of YMCA NSW?    Y            N

Please provide comments

\_\_\_\_\_

\_\_\_\_\_

3. Do you have a better understanding regarding the policy/procedures listed above after reviewing the documents?    Y            N

Please provide comments

\_\_\_\_\_

\_\_\_\_\_

4. Are the policies easy to read and understand?

\_\_\_\_\_

\_\_\_\_\_

5. Do you have any specific comments or amendments to the policy/procedure – these can be written on to the document and returned or listed below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Can you offer any suggestions to further simplify our polices?

\_\_\_\_\_

\_\_\_\_\_

7. Do you have any suggestions on the communication and implementation of the YMCA NSW polices?

\_\_\_\_\_

\_\_\_\_\_

Please return your feedback directly to your YMCA NSW service or scan and email to

REDACTED

We thank you for your time and input. Your feedback is of great value to us