



## SOUTH WESTERN SYDNEY AREA HEALTH SERVICE

### Community Representatives – Exit Form

It would be useful for the development of the community representatives program in South Western Sydney Area Health Service if you could take a few moments to complete this form.

Your name: ..... Term of involvement: .....

Your committee or process: .....

Health service or sector where you were a participant/ representative: .....

#### 1. REASON/S FOR LEAVING:

#### 2. REVIEW OF YOUR TIME AS A COMMUNITY REPRESENTATIVE:

Please rate the following (please circle 1 – Poor to 5 – Excellent):

Orientation to the role of community representative in health	1 2 3 4 5
Training and education to support role	1 2 3 4 5
Support provided by SWSAHS to fulfil role (other than training)	1 2 3 4 5
Acceptance of role by staff	1 2 3 4 5
Relationship between community representatives & managers	1 2 3 4 5
Relationship between community representatives & other staff	1 2 3 4 5
Information provided to fulfil your role	1 2 3 4 5

#### 3. PLEASE INDICATE WHETHER YOU HAVE RETURNED THE FOLLOWING ITEMS:

Library Books: Yes/No      Signature: \_\_\_\_\_

ID Card: Yes/No      Signature: \_\_\_\_\_

Boom Gate Key: Yes/No      Signature: \_\_\_\_\_

Any other items/equipment (please specify) \_\_\_\_\_

#### 4. COMMENTS:

If you rated some of the above as poor, it would help if you provided information as to how the service could improve. General comments are welcome.