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**How can we make our Jobcentre a better place to visit?**

What is your name?.......................................................

What benefit do you claim?............................................

How old are you?...........................................................

**Was your visit to Jobcentre today a good experience?**

Yes / No

If no please state why and what we could do to make this better in the future…………………………………………………………………………………………………………………………

**Did you manage to achieve what you came to Jobcentre for today? E.g. If you came for help with benefits did we resolve this? or if you came in for a work coach appointment, did you manage to do this okay?**

Yes / No

If no please state how we could have helped you better so we can improve on this …………………………………………………………………………………………………………………………****

**Did you feel comfortable in the Jobcentre today?**

Yes / No

If no then what made you feel uncomfortable, for instance was it too busy or too noisy for you or was there something else that bothered you?

………………………………………………………………………………………………………………………………………………………………………………………………………



**Are you looking for employment?**

Yes / No

If yes, then what kind of work are you looking for?

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Do you think you would need help with any of the areas below to help you get a job or when you are in work?**

Please tick the relevant column for each question

|  |  |  |  |
| --- | --- | --- | --- |
|  | Please tick if you need some help with this | Please tick if you are unsure if you need help with this | Please tick if you are okay with this |
| Being motivated to get up in a morning and get to work on time |  |  |  |
| Support with training / learning new skills |  |  |  |
| Help with my confidence at work |  |  |  |
| Support to use a computer |  |  |  |
| Help with my transport to work |  |  |  |
| Support with difficulties at home/ with family |  |  |  |
| Help with caring responsibilities  |  |  |  |
| Understanding how my mental health affects me |  |  |  |
| Managing my health conditions i.e. medication, etc |  |  |  |
| How to explain my criminal record |  |  |  |
| Support with substance abuse (drugs or alcohol)  |  |  |  |
| Help with getting a job because of my age |  |  |  |
| Help to write my CV |  |  |  |
| I need some work experience  |  |  |  |
| Help to understand my own disability and how it affects me at work  |  |  |  |



**From the list above what would you say is your biggest difficulty at the moment?**

|  |
| --- |
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Is there anything else you would like to tell us about your visit today?

If you need help filling in this survey, please speak to a member of staff.

In line with Data Protection/GDPR, this information will not be shared with third parties.