

The Interpreting and Translation Team value your feedback and suggestions in ways we can improve our service.

Your name and address \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

- 1 Was the interpreter on time for the session? Yes  No**
- 2 How easy was it for you to understand the interpreter?**  
Easy  Average  Difficult  Impossible
- 3 Did the interpreter explain their role to you at the start of the session? Yes  No**
- 4 How would you rate the interpreter's professionalism?**  
Excellent  Good  Average  Poor  Unacceptable
- 5 Did you feel the interpreter passed all the information between you and the staff member accurately?**  
Yes  No
- 6 Did the interpreter check you understood any complex issues? Yes  No**
- 7 How would you rate the interpreter's impartiality?**  
Excellent  Good  Average  Poor  Unacceptable
- 8 Were you treated with respect? Yes  No**
- 9 Overall, how would you rate the interpreting service you received?**  
Excellent  Good  Average  Poor  Unacceptable

**10 Is there anything further you want to add or would like to make a comment about?**

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Are you interested in joining our Customer Focus Group. We meet twice a year to discuss our service's performance and how it can be improved.

Yes / No

Telephone number .....

To make sure that all our services are fair and meet everyone's needs we are asking you the following questions. We will keep the information you give us confidential. We will use your answers to check that the services you receive are fair. We will share this information with Education Leeds and the housing ALMOs (arms length management organisations). They will use this information in the same way as we do. **You do not have to answer these questions. If you choose not to, please let us know by ticking the 'Do not want to say' boxes. It won't make any difference to the service you receive.**

**Are you** male?  female?  Do not want to say

**How old are you?** Under 25  25 to 45  46 to 65  Over 66  Do not want to say

**Date of birth** ..... Do not want to say

**Are you disabled?** Yes  No  Do not want to say

If you are disabled, what type of disability do you have?

**A physical disability** (such as using a wheelchair to get around or difficulty using your arms)

**A disability that affects your senses** (such as being blind or being deaf)

**A mental health condition** (such as depression or schizophrenia)

**A learning disability** (such as Down's syndrome or dyslexia) or a cognitive impairment (such as autism or a head-injury)

**A long term illness or health condition** (such as cancer, HIV, diabetes, chronic heart disease or epilepsy)

<b>Ethnic background</b> (Please choose one section from A to E, and then tick the appropriate box.)		
<b>A White</b>  British <input type="checkbox"/> Irish <input type="checkbox"/> Any other white background (Please write below) ..... .....	<b>B Mixed</b>  White and black <input type="checkbox"/> Caribbean <input type="checkbox"/> White and black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background (Please write below) ..... .....	<b>C Asian or Asian British</b>  Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Kashmiri <input type="checkbox"/> Any other Asian background (Please write below) ..... .....
<b>D Black or black British</b>  Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other black background (Please write below) ..... .....	<b>E Other ethnic groups</b>  Chinese <input type="checkbox"/> Gypsy or Traveller <input type="checkbox"/> Any other background (Please write below) ..... .....	<b>F</b>  Do not want to say <input type="checkbox"/>

<b>Please tick the box that describes your religion or belief.</b>			
Buddhist <input type="checkbox"/> Christian <input type="checkbox"/>	Hindu <input type="checkbox"/> Jewish <input type="checkbox"/>	Muslim <input type="checkbox"/> Sikh <input type="checkbox"/>	No religion <input type="checkbox"/> Other (please say) ..... <input type="checkbox"/> Do not want to say <input type="checkbox"/>

<b>Please tick the box that describes your sexuality.</b>			
Heterosexual (straight) <input type="checkbox"/> Do not want to say <input type="checkbox"/>	Lesbian <input type="checkbox"/>	Gay man <input type="checkbox"/>	Bisexual <input type="checkbox"/>

**Please return your completed form to Interpreting and Translation Team, 116 York Road, Leeds, LS9 9AA.**