

EMPLOYEE EXIT FEEDBACK FORM

National Premier Disability
Services

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(This form is given to all staff members and completing it is optional, however all feedback is seen as an opportunity for improvement. You do not have to answer all the questions and you can remain anonymous if you wish. All the information gathered on this form will remain private and confidential).

JOB TITLE:

NAME:

RESIGNATION/TERMINATION

LAST DATE OF EMPLOYMENT:

1. WHAT ARE YOUR REASONS FOR LEAVING?

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2. DO YOU FEEL YOU WERE OFFERED SHIFTS APPROPRIATE TO YOUR SKILL LEVEL?

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3. DO YOU FEEL YOU WERE GIVEN ALL NECESSARY INFORMATION PRIOR TO COMMENCING A SHIFT?

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DURING YOUR ORIENTATION FOR EMPLOYMENT DO YOU FEEL YOU WERE GIVEN APPROPRIATE INFORMATION REGARDING UNIFORM, EQUIPMENT, DOCUMENTATION, TIMESHEETS, WAGES AND SUPERANNUATION?

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4. **DO YOU FEEL YOU HAD ADEQUATE SUPERVISION FROM MANAGEMENT DURING YOUR TIME OF EMPLOYMENT?**

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5. **DO YOU FEEL YOU HAD ADEQUATE DIRECTION FROM MANAGEMENT DURING YOUR TIME OF EMPLOYMENT?**

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6. **DO YOU FEEL YOU HAD ADEQUATE OPPORTUNITY FOR DEBRIEFING FROM DIFFICULT SITUATIONS DURING YOUR TIME OF EMPLOYMENT?**

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7. **DID YOU FEEL YOUR WORKPLACE WAS FREE FROM DISCRIMINATION, WORKPLACE BULLYING AND HARASSMENT?**

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8. **DID YOU FEEL YOU WERE GIVEN A SAFE WORKPLACE IN REGARD TO OCCUPATIONAL HEALTH AND SAFETY?**

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9. **WOULD YOU RECOMMEND HELP ON WHEELS TO OTHER POTENTIAL CLIENTS AND STAFF MEMBERS?**

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10. ARE THERE ANY OTHER ADDITIONAL COMMENTS YOU WOULD LIKE TO MAKE?

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National Premier Disability Services

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WITNESSED <input type="checkbox"/>	COPY TO EMPLOYEE <input type="checkbox"/>	SCANNED TO FILE <input type="checkbox"/>
DATE	DATE	DATE