

CACTUS FEEDBACK FORM

FOR PARENTS AND GUARDIANS



PARTICIPANT DETAILS

Participant Name:

Course Date:

Name of Parent/Guardian providing feedback:

ATTITUDE

✓ Has there been a change in their attitude since the beginning of CACTUS? Yes No

If yes please comment on which ways their attitude changed: _____

In what other ways has CACTUS helped them? _____

RECOMMENDATIONS

✓ Would you recommend CACTUS to other parents? Yes No

What would your reasons be? _____

Is there anything you can recommend that we could do better? _____

Thanks for your feedback, it helps us provide a better service.

PRIVACY STATEMENT: Personal information provided on this form will be treated as confidential by CACTUS staff and advisers and handled in accordance with the NZ Privacy Act 1993. Anonymous statistical data obtained from applications will be used for course planning, fundraising and grant accountability reports. CACTUS also reserves the right to use participants' names, comments and photographs for marketing or public relations activities (including to sponsors) and to carry out post-course follow-up activities.



WAIROA YOUNG ACHIEVERS TRUST - CACTUS PROGRAMME

Office: 86 Marine Parade, Wairoa 4108

Phone: 06 838 3886 | Email: info@wyat.co.nz | Website: www.wyat.co.nz