

Stay Safe Questionnaire

Name *(Required)*

First

Last

Email *(Required)*

Today's Date *(Required)*

<input type="text" value="DD"/>	<input type="text" value="MM"/>	<input type="text" value="YYYY"/>
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About Your Visit to the Stay Safe Website

Why did you choose to visit the Stay Safe website?

- I wanted safety advice
- Someone told me to
- I wanted to make a personal action plan
- I wanted more information about safety
- I was concerned about my own safety
- I didn't know where else to get safety advice

You can select multiple items:

Did you find the Stay Safe website useful?

- Yes
- No

Would you recommend the Stay Safe website to a friend?

- Yes
- No

How would you rate your safety knowledge before visiting?

Do you have any suggestions on how we could improve this service to serve you better?

I would like to receive specific safety information on the following:

If you have specific needs not covered by this website, enter details here.

Please continue on a separate sheet if you need to add more information. Thurrock Lifestyle Solutions CIC will review completed forms to provide relevant approved support. The information provided should not contain sensitive personal data such as your address, telephone number or bank details.