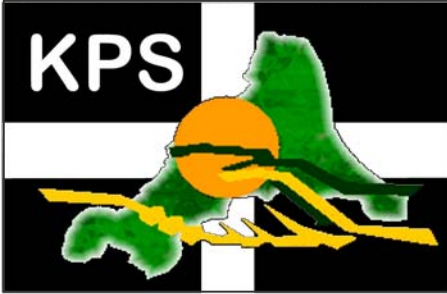


KPS Feedback

Kernow Positive Support



SPECIALISED HIV INFORMATION,
SUPPORT, RESPITE & RETREAT



Kernow Positive Support

A Registered Charity (1104947) to inform, advise and help on HIV/AIDS infection

Kernow Positive Support (KPS) P. O. Box 85, Bodmin PL31 1ZN.
Tel: 01208 264866 - eFax; 0870 1368493 - Email: office@kpsdirect.com Website: www.kpsdirect.com

Thank you for giving us feedback. This will help KPS ensure quality and development of our service provision.

It is not necessary to give us information about yourself, you are welcome to complete this form anonymously to maintain confidentiality.

FEEDBACK FORM

All information is given in the strictest confidence.

SECTION 1 – about yourself (OPTIONAL)

A name you like to be known by:

(First Name only)

The area in which you reside:

i.e. Town and/or County

A contact phone number:

(Optional)

Email address:

(Optional)

You do not need to give this above information, it is entirely up to you.

SECTION 2 – HIV status (OPTIONAL)

	YES	NO	UNTESTED
Are you living with an HIV diagnosis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you answered YES to the above, how long have you been diagnosed?	<input type="text"/>		

SECTION 3 – more about yourself (OPTIONAL)

	YES	NO
I am a concerned member of the general public.	<input type="checkbox"/>	<input type="checkbox"/>
I am a health care professional.	<input type="checkbox"/>	<input type="checkbox"/>
I am a funder of potential HIV services.	<input type="checkbox"/>	<input type="checkbox"/>
I represent another voluntary agency.	<input type="checkbox"/>	<input type="checkbox"/>
I am a Service User of KPS.	<input type="checkbox"/>	<input type="checkbox"/>
I am a potential Service User.	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 4 – equal opportunities (OPTIONAL)

Kernow Positive Support (KPS) strives to be an Equal Opportunities Organisation. Please would you provide us with the following information to help us monitor some aspects of our Equal Opportunities Policy and make in more effective.

I am:

Male.
Female.

Are you registered disabled?

YES NO

I would describe my ethnic identity as:

Asian.	<input type="checkbox"/>	Black Afro-Caribbean.	<input type="checkbox"/>
Black African.	<input type="checkbox"/>	Black British.	<input type="checkbox"/>
White British.	<input type="checkbox"/>	Irish.	<input type="checkbox"/>
European.	<input type="checkbox"/>	Other.	<input type="checkbox"/>
(Please specify other)	<input type="text"/>		

How old are you?

18-21	<input type="checkbox"/>
22-30	<input type="checkbox"/>
31-40	<input type="checkbox"/>
41-50	<input type="checkbox"/>
50+	<input type="checkbox"/>

YES

NO

SECTION 5 – how did you hear about KPS?

KPS Online (*Website*)

Other KPS information resources.

If you answered **YES** to the above was this via our leaflet, or another directory listing etc.

Through health care information.

If you answered **YES** to the above was this via your GP/doctor, social worker etc.

Another support organisation.

If you answered **YES** to the above, which organisation.

By other means.

If you answered **YES** to the above, how?

SECTION 6 – service needs

YES

NO

Do you think Cornwall needs specialised HIV support services for those infected and affected by HIV?

Do you think a voluntary organisation like KPS should provide specialised services?

If you answered **NO** to the above questions, why do you feel there is no need for specialised HIV support services, and/or who should supply these if you consider there is a need?

SECTION 7 – *service needs continued*

If you agree there is a need for specialised HIV support services here in Cornwall, please write in the box provided why you personally think there is a need?

SECTION 8 – *previous support services*

Please write in the box provided any previous support structures you knew about to help those infected/affected by HIV here in Cornwall, and in your opinion if they are no longer available, why?

SECTION 9 – *letting us know what services you would like to see*

This section looks at what services you think should be made available to those infected/affected by HIV by a voluntary organisation like KPS.

CLIENT WELFARE SERVICES

YES

NO

BEFRIENDER SCHEME

Befriender Support

Providing emotion and practical support to someone who is HIV-positive.

KPS TELEPHONE HELP LINE & INFORMATION

Telephone Support

Providing emotion and practical support to any caller in confidence.

COMMUNITY SERVICES

Practical Support within the Community

Providing practical support to people who are living with HIV.

Providing practical support to people who are carers of some one living with HIV
(*Family & Friends*)

HARDSHIP, ADVOCACY & ADVICE

Small Grants Fund

To support those in times of hardship.

Client Welfare Fund

To support Service Users to attend support meetings and special peer support

Welfare Rights Advice

Advice on the DSS Benefits System and Housing etc.

Advocacy & Referral

Providing support by advocacy.

Please indicate in the box below, any other areas of direct frontline support which are not covered by the above, you feel should be considered.

TRAINING SERVICES

YES

NO

TRAINING INITIATIVES

Internal Training

Organising and facilitating
Volunteer training courses.

External Training

Organising and facilitating and
participating in HIV Awareness
training courses to other agencies.

Speakers Forum

Organising and facilitating and participating,
in giving talks from a personal perspective.

THERAPEUTIC SERVICES

YES

NO

Complementary Therapies

Such as; Massage, Aromatherapy, Reflexology.
Providing opportunities for therapies at
reduced rates and/or free.

Counselling

Provide opportunities for counselling needs.

Arts, Crafts & Skills Workshops

Provide opportunities for educational and
skills workshops, including the provision
for talks and workshops for service users
by invited guest speakers etc.

DROP-IN & SUPPORT MEETINGS

YES

NO

Establishing a permanent Drop-In

Providing a centre of operations.

If a permanent Drop-in were to be established how often should it be open
for Drop-in. i.e. one, two, three, four, five days a week and what times?

Establishing meeting venues

Providing an opportunity for Service Users
To meet at different locations within Cornwall

If various meeting places (hired) are established how often should they be
made available. i.e. Weekly/fortnightly/Monthly?

INFORMATION RESOURCES

YES

NO

WEBSITE

About services provided

Information on the services provided by the organisation.

HIV related information

Other relevant HIV related information.

Online Newsletter

Interactive and downloadable version of the organisation's printed newsletter.

Please indicate in the box below, any other areas that should be covered within our Website initiative which are not covered above.

Do you have any suggestions on how we might improve our Website?

NEWSLETTER

Newsletter availability

Do you think there is a need for a newsletter to inform Service Users and others of local and HIV related news.

If you answered **NO** to the above question what other alternative might be considered, if any, to keep Service Users and other in touch with the organisation and prevent isolation if they do not use other services provided.

If you answered **YES** to the above question, should the newsletter Monthly, Bi-Monthly or quarterly. Who should this newsletter be available to and where?

INFORMATION LEAFLET

About services provided

Information on the services provided by the organisation.

If you answered **NO** to the above question what other alternative might be considered. If you answered **YES** where do you suggest they be distributed.



SECTION 10 – *respite & retreat*

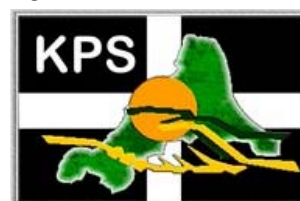
How do you feel about the need for respite & retreat (*shortbreaks*) for people living with HIV? Many funders of this service no longer consider respite and retreat an essential service. Many consider that anti-retroviral drugs (*Combination drug therapy*) gives those living with HIV a better quality of life and therefore there is no longer a need for this service.

SECTION 11 – *additional service needs*

If you agree there is a need for specialised HIV support services here in Cornwall, please write in the box provided what other services not covered in **section 9** that should be considered.

Thank you for completing this Feedback Form

You can fill this interactive form online by typing within the box areas and submit the form via Email using the **SUBMIT BUTTON** below. This may not work, as it is dependant on your Server and Email account. Alternatively, complete the form online, save/attach and send via Email, or print the form and use a pen and send it via post. Reset the form by using the button below.



KERNOW POSITIVE SUPPORT