

**YOUR DETAILS**

Name:.....

Organisation:.....

Department:.....  
*(if applicable)*

Address:.....

..... Post Code:.....

Tel:..... Email:.....

**YES NO**  
Does your organisation have  
funding to support Respite/  
Retreat?*(shortbreaks)*

If **YES** how is this made available?  
*(please tick as appropriate)*

HIV Resources  Carers Resources

If **NO** where is funding available and how would  
you support your client to obtain funding?

**YES NO**  
Has your organisation  
supported a client to attend  
Respite/Retreat?

If **YES** how many clients per year have required  
Respite/Retreat?

If **NO** why?

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**YES NO**  
Has your organisation  
referred/funded a client to a  
specialist Respite Centre?

If **YES** which one *(if known)*.

.....

If **NO** why?

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**YES NO**  
Does your organisation  
consider it important for  
those in need to attend  
Respite/Retreat as part of  
their ongoing healthcare

If **YES** why?

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If **NO** why?

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What are the important factors to consider  
when referring and/or funding a client to attend  
a specialist HIV Respite/Retreat Centre?

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*Please use a separate sheet of paper if required*

**YES NO**  
Does your organisation  
consider it important for a  
client to access *(if they wish)*  
the additional services and  
opportunities on offer at KPS?

If **YES** which additional services does your  
organisation consider important?

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If **NO** why?

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Are there any services and/or opportunities not  
covered at KPS Trebullom which your  
organisation consider should be available?

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Are there any services and/or opportunities that  
KPS Trebullom offers which your organisation  
feels unnecessary?

.....

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Would your organisation consider referring  
and/or funding a client to attend the various  
skills workshops on offer at KPS Trebullom as  
part of their living/life skills and development?

**YES LIKELY UNLIKELY NO**

Would your organisation consider utilizing the KPS Trebullom residential training facilities and opportunities for your staff/volunteers, if you considered our charges competitive?

YES  LIKELY  UNLIKELY  NO

If YES what specific HIV training would you your organisation consider important?

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If NO why?

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After further research on the information currently available regarding KPS Trebullom, including the various additional services we wish to supply, would you consider referring and/or funding a client to attend our facility?

YES  LIKELY  UNLIKELY  NO

If YES what specific guarantees, assurances and official recognition will your organisation require before referring and/or funding a client to attend our facility?

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If NO why?

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Prior to our official opening KPS Trebullom hope to designate a 2 week period to invite a small number of official organisation representatives and referrers to experience an overnight stay, (including meals) along with a presentation and tour of what is on offer and available at KPS Trebullom.

This will give potential referrers a first-hand experience of KPS Trebullom before referring and/or funding clients, thus ensuring value-for-money and a quality of service in the knowledge that KPS is providing the necessary skills and experience in the variety of complex needs and professional working practices supporting people living with HIV and their carers.

Please feel free to return this questionnaire via the FREEPOST address below

**contact us – return questionnaire**

**Kernow Positive Support**  
Freepost RLSU-EJZS-RCAY  
P. O. Box 85  
Bodmin PL31 1ZN

Office Tel: 01872 262221  
Help line Tel: 01208 264866  
Fax: 01208 77950  
Email: office@kpsdirect.com  
Website: www.kpsdirect.com/trebullom.htm



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KPS Trebullom  
**QUESTIONNAIRE**