Aged Care Navigators

Customer Survey

The Aged Care Navigators Trials are being independently evaluated on behalf of the Department of Health.

When thinking about the contact you had with the Aged Care Navigator:	 Strongly agree	 Agree	 Neither agree nor disagree	 Disagree	 Strongly disagree
1. I feel that I know more about what aged care services and supports are available.	☐	☐	☐	☐	☐
2. I feel more confident to seek help from the aged care system if I need to.	☐	☐	☐	☐	☐
3. I would recommend my session to others or get them to book in for a chat.	☐	☐	☐	☐	☐
4. I found the information to be useful.	☐	☐	☐	☐	☐
5 The support was of assistance to me.	☐	☐	☐	☐	☐

6 How did you find out about the Aged Care Navigator?

7 Are there any other comments you would like to make about your contact with the Aged Care Navigator?

Please tell us a few things about yourself

8. How would you describe your gender?

Male	☐
Female	☐
Non-Binary or another identity	☐
Do not wish to answer	☐

9. What language do you speak at home?

10. What is your age?

0-17	☐
18-35	☐
36-50	☐
51-60	☐
61-65	☐
66-70	☐
71-75	☐
76-80	☐
81-90	☐
90+	☐

11. Do you do you see yourself as a member of any of these groups?

Aboriginal or Torres Strait Islander	☐	Having a disability	☐
Culturally and/or Linguistically Diverse	☐	Having a mental health problem or mental illness	☐
Lesbian, Gay, Bisexual, Transgender or Intersex or another diverse gender or sexuality	☐	A veteran	☐
Living in a rural or remote area	☐	Being socially isolated	☐
Having limited access to technology or limited computer literacy	☐	Being homeless or at risk of homelessness	☐
Being vision impaired	☐	A care leaver (e.g. a Forgotten Australian or Former Child Migrant)	☐
Being financially or socially disadvantaged	☐	A parent separated from their child/ren by forced adoption or removal	☐
Having a cognitive impairment (including dementia)	☐	Do not wish to answer	

Thank you for participating - your responses will help inform the future of supports for navigating aged care.

OFFICE USE ONLY

All questions are mandatory to be filled in by the participating organisation prior to distributing to the customer.

12. Trial Code (or Organisation Name):

13. Who provided the service? A staff member ☐ A volunteer ☐ Unsure/other ☐

14. Please indicate the PRIMARY type of support the individual received from the Aged Care Navigator Trial (select one only):

Attended a Group *(e.g. seminar, webinar, workshop)*	☐
One-on-One / Individual Assistance *(i.e. individual support delivered at Organisation's own office or location arranged by organisation)*	☐
Individual Outreach *(i.e. individual support delivered in a person's home or other place of the Customer's choosing)*	☐
Help with filling out application forms	☐
Received information materials *(e.g. brochures or flyers)*	☐
Other	☐

15. How was the support provided?

	Group	One-on-One
In person	☐	☐
Via video call	☐	☐
On the telephone	☐	☐
Information on a website or in an email	☐	☐

16. Date of service

17. Postcode of where service was delivered:

18. Was the customer assisted in completing Q1-11 of this survey? **Yes** ☐ **No** ☐