We rely on your feedback to help us monitor and improve the effectiveness of the EAP service we provide. We would really appreciate you taking the time to complete this form. Please feel free to contact EAP anytime.

|  |
| --- |
| Contact Details (optional): |
| First name: | Address: |
| Last name: |
| Phone Number : |
| Email:  |
| Do you want to be contacted by the EAP Yes No  |
| How would you like us to contact you: By Phone By Email  |
| To ensure the quality of our service we periodically analyse feedback data. Do you consent to us using your anonymised feedback for reporting purposes? |
|  |

|  |
| --- |
| Your feedback.  |
| What have you found most beneficial about your experience of utilising HSE EAP?How do you think EAP can improve/expand its service to staff?Is there anything else you would like EAP to consider in how it provides its services? |

When you have completed this form please send to:eap.service@hse.ie