**MCAST Wellbeing Hub**

## STUDENT FEEDBACK FORM

## Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name (OPTIONAL): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Practitioner (OPTIONAL): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 1. How many counselling/therapy sessions have you had this academic year with the service?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1 |  | 2 – 6 |  | 7 – 12 |  | more than 12 |

## 2. Following the intake session, how quickly were you seen by the therapist?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | straight away |  | within 1 – 3 days |  | within a week |  | within 2 weeks |  | after 2 weeks |

## 3. How do you feel counselling/therapy has generally affected/changed you?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | for the worse |  | has not affected/changed me |  | for the better |  | don’t know |

*Comments:*

## 4. How helpful was counselling/therapy?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | not helpful |  | somewhat helpful |  | very helpful |  | don’t know |

*Comments:*

## 5. Were you satisfied with the service you received from the department?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | very satisfied |  | satisfied |  | don’t know |  | dissatisfied |  | very dissatisfied |

*Comments:*

## 6. What effect, if any, has counselling/therapy had upon your course / study performance?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | worsened |  | no effect |  | improved |  | don’t know |  | other (write below) |

*Comments:*

## 7. Do you think counselling/therapy was important for you in remaining a student at the College?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | not useful |  | somewhat useful |  | very useful |  | don’t know  |  |

Irrelevant

N/A

## 8. How would you recommend the service to be improved and/or developed?

## 9. What is your gender?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | male |  | female |  | other |

## 10. In what age group do you fall?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | under 18 |  | 19 – 22 |  | 23 – 25 |  | over 25 |

## 11. In which institute or centre do you study?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Agriculture, Aquatics & Animal Sciences  |  | Applied Sciences  |  | Aviation, Transportation & Logistics |
|  |  |  |  |  |  |
|  | Building & Construction  |  | Business Management & Commerce |  | Community Services |
|  |  |  |  |  |  |
|  | Centre for Maritime Studies |  | Creative Arts |  | Electrical, Electronics & Robotics |
|  |  |  |  |  |  |
|  | Information & Communication Technology |  | Mechanical Engineering  |  | Gozo Campus |
|  |  |  |  |  |  |
|  | Other |  |  |  |  |

## 12. What is the level of the course that you are following?

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | level 1 |  | level 2 |  | level 3 |  | level 4 |  | level 5 |  | level 6 |

## 13. Who referred you to the Wellbeing Hub?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | self |  | lecturer |  | administration / management |  | other student |
|  |  |  |  |  |  |
|  | SSSC |  | student mentor |  | other |

**14. Are you interested in support groups? If yes suggest topics.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Thank you for completing this form. Your feedback is important to us.***