

## CONSULTANCY FEEDBACK FORM

Your feedback will help us to serve our churches better.

Recently, members of the Consultancy Team visited your local church. We value feedback on our ministry. Please return this form as soon as practicable to [health@nswactbaptists.org.au](mailto:health@nswactbaptists.org.au)

Church: \_\_\_\_\_

Name & position of person completing this form: \_\_\_\_\_

Names of Consultants: \_\_\_\_\_

Date Consultancy Completed: \_\_\_\_\_

*Circle the number that best reflects your response. Comments are optional.*

1. The consultants assisted the church leadership in setting objectives that were owned by the leadership

1	2	3	4	5
strongly disagree	disagree	undecided	agree	strongly agree

Comment:

2. The consultants empowered the wider congregation to speak into the process

1	2	3	4	5
strongly disagree	disagree	undecided	agree	strongly agree

Comment:

3. The report was helpful

1	2	3	4	5
strongly disagree	disagree	undecided	agree	strongly agree

Comment:

4. We were satisfied with the way the consultants went about their task

1	2	3	4	5
strongly disagree	disagree	undecided	agree	strongly agree

Comment:

5. The consultants worked well together

1	2	3	4	5
strongly disagree	disagree	undecided	agree	strongly agree

Comment:

6. We believe God was at work through the consultation

1	2	3	4	5
strongly disagree	disagree	undecided	agree	strongly agree

Comment:

7. From this experience in a future need, we would involve a Consultancy Team again

1	2	3	4	5
strongly disagree	disagree	undecided	agree	strongly agree

Comment:

8. We have accepted the recommendations from the consultants *(note variation to scale below)*

1	2	3	4	5
all recommendations rejected		some, but not all recommendations were accepted		all recommendations accepted

Comment: