



Parent /Carer Feedback

We understand that this may be a stressful and difficult time for you and your family.

In order to monitor and improve our service we would be extremely grateful if you could complete this feedback form. It is anonymous and should not take long to complete.

Date of your child’s transfer.....

- | | | |
|---|-----|----|
| Were you informed about the reasons for your child`s transfer? | Yes | No |
| Were you informed about the transfer by the referring hospital team? | Yes | No |
| Were you contacted by the NiSTAR Transport Team? | Yes | No |
| Did the Transport Team introduce themselves? | Yes | No |
| Did they explain the transport process? | Yes | No |
| Were you given an information booklet? | Yes | No |
| Did the Transport Team update you about your child`s condition and answer any questions? | Yes | No |
| Were you given contact and travel details for the hospital to which your child was being transferred? | Yes | No |
| Were you told about our website? | | |

We can sometimes offer one parent/carer a seat in the ambulance to travel with your child

- | | | |
|-------------------------------------|-----|----|
| Were you offered a seat? | Yes | No |
| If “yes” did you accept this offer? | Yes | No |

Do you have any additional comments?

THANK YOU FOR TAKING TIME TO COMPLETE THIS FORM

Please save the form and email a copy to:

NISTARPaediatric@belfasttrust.hscni.net (if you used the paediatric team) or
NISTARNeonatal@belfasttrust.hscni.net (if you used the neonatal team)