



**Applications for Membership of BVSC
Evaluation Form**

So that BVSC may continue to improve our administration procedures, we would appreciate it if you would take a few minutes to complete this evaluation form and return it to our office. Please feel free to add any comments. Thank you.

Name and Address: (Optional)
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1. How did you hear about BVSC? Please tick.

Recommendation
Local or Health Authority

Publicity Material / Displays
BVSC Staff Member

Other:

2. What did you think of the quality of the information contained in the Application Pack (sent in response to your initial enquiry) and the New Members Pack (confirmation of your membership)?

Very useful

Useful

Not at all useful

3. How would you rate BVSC's response from the time you logged your enquiry until the time you received the application pack?

Excellent

Good

Poor

Comments:
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4. If you had to speak to BVSC during the process of applying for membership, did you find the staff helpful?

Yes No

Comments:
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5. General Comments – Do you think the process could have been improved in any way?

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Thank you for completing this form.

Please return to BVSC in the enclosed stamped addressed envelope.