**Staff satisfaction survey**

The Company is committed to creating a successful working environment in which the thoughts and concerns of all employees are given due care and attention. This anonymous survey is designed to collect valuable information on your attitude towards various aspects of the Company, in the hope of reviewing and improving our existing practises.

We kindly ask that you take care when completing this survey and answer each question honestly and to the best of your ability. Please ensure you review each question carefully and tick [ √] the relevant response.

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| --- | --- | --- |
| 1. How long have you worked for the Company?
 | Less than 1 year  |  |
| 1 – 5 years  |  |
| 5 years and over  |  |

|  |  |  |
| --- | --- | --- |
| 1. Do you see yourself working for the Company in a years’ time?
 | Yes |  |
| No  |  |
| Not sure  |  |
| Comments (optional)  |

|  |  |  |
| --- | --- | --- |
| 1. Do you feel that you are fairly paid?
 | Yes |  |
| No  |  |
| Not sure  |  |
| Comments (optional)  |

|  |  |  |
| --- | --- | --- |
| 1. Do you consider yourself to have a disability or long-term health condition? (Either mental health or physical health)
 | Yes |  |
| No |  |
| Not sure  |  |
| Comments (optional) |

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| --- | --- | --- |
| 1. If you answered ‘Yes’ to the above, how satisfied are you with the Company’s efforts to accommodate your disability or long-term health condition?
 | Very satisfied  |  |
| Moderately satisfied  |  |
| Slightly satisfied  |  |
| Not satisfied  |  |
| Comments (optional) |

|  |  |  |
| --- | --- | --- |
| 1. How much do you agree with the following statement?

“I enjoy working for this Company” | Strongly agree  |  |
| Agree |  |
| Neither agree nor disagree  |  |
| Disagree |  |
| Strongly disagree |  |
| Comments (optional) |

|  |  |  |
| --- | --- | --- |
| 1. How much do you agree with the following statement?

“I feel I have received enough training to complete my workplace duties” | Strongly agree  |  |
| Agree |  |
| Neither agree nor disagree  |  |
| Disagree |  |
| Strongly disagree |  |
| Comments (optional) |

|  |  |  |
| --- | --- | --- |
| 1. How much do you agree with the following statement?

“My manager gives me clear guidance and feedback on my work duties” | Strongly agree  |  |
| Agree |  |
| Neither agree nor disagree  |  |
| Disagree |  |
| Strongly disagree |  |
| Comments (optional) |

|  |  |  |
| --- | --- | --- |
| 1. How much do you agree with the following statement?

“I feel that this Company is committed to ensuring the wellbeing of its employees” | Strongly agree  |  |
| Agree |  |
| Neither agree nor disagree  |  |
| Disagree |  |
| Strongly disagree |  |
| Comments (optional) |

|  |  |  |
| --- | --- | --- |
| 1. How much do you agree with the following statement?

“I feel safe from threats and physical hazards in my work environment” | Strongly agree  |  |
| Agree |  |
| Neither agree nor disagree  |  |
| Disagree |  |
| Strongly disagree |  |
| Comments (optional) |

|  |  |  |
| --- | --- | --- |
| 1. How satisfied do you feel with your overall job security?
 | Very satisfied  |  |
| Moderately satisfied  |  |
| Slightly satisfied  |  |
| Not satisfied  |  |
| Comments (optional) |

|  |  |  |
| --- | --- | --- |
| 1. How much do you agree with the following statement?

“I would recommend this Company as a great place to work’  | Strongly agree  |  |
| Agree |  |
| Neither agree nor disagree  |  |
| Disagree |  |
| Strongly disagree |  |
| Comments (optional) |

|  |  |  |
| --- | --- | --- |
| 1. Do you have any suggestions for how your situation at work could be improved? If so, please explain.
 | Yes |  |
| No |  |
| Not sure |  |
| Comments (optional) |

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| --- |
| 1. Please use this final section to include any additional comments you may have. This could include ways the Company may improve or general observations you have made during your employment.
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