# Employee Satisfaction Survey (Monthly)

| Employee Satisfaction Survey Month: | | |  |
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| Did you receive an adequate induction (if this is your first questionnaire after employment)?  Who was your mentor? | | | **Yes/No** |
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| Do you feel involved in the running of SOLUTION CARE 247 LTD? | | | **Yes/No** |
| If 'No', how could we improve your involvement? | | | |
|  | | | |
| Do you feel able to approach management about concerns or problems? | | | **Yes/No** |
| Do you feel that your training needs are being met under the current system? | | | **Yes/No** |
| If 'No', what would you like to see? | | | |
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| Do you feel that we are a good employer? | | | **Yes/No** |
| Do you feel valued, supported and safe at SOLUTION CARE 247 LTD? | | | **Yes/No** |
| Are you actively involved with health and safety issues in SOLUTION CARE 247 LTD? | | | **Yes/No** |
| Do you feel that the management is proactive in their approach to health and safety? | | | **Yes/No** |
| General comments: | | | |
|  | | | |
| Thank you for taking the time to complete this questionnaire. We very much value you as an employee and welcome any comments that you may have, positive or otherwise. | | | |
| Name: |  | | |
| Date: |  | Signature (optional): |  |