

A. YOU AND YOUR FAMILY											
Your Name											
Telephone No			Email Address								
Your Gender (please circle)			Male			Female					
Your Country of Origin											
Your Cultural Background											
Your Occupation											
Your Spouse/partner's Occupation											
Your Age (in years)											
Your Current Location			Postcode								
Your Family (please tick)			No Children			<input type="checkbox"/>					
			Child/ren under school age			<input type="checkbox"/>			Number		
			School aged child/ren at home			<input type="checkbox"/>			Number		
			Child/ren at boarding school			<input type="checkbox"/>			Number		
			Adult child/ren living at home			<input type="checkbox"/>			Number		
			Adult child/ren left home			<input type="checkbox"/>			Number		
B. QRMFN PROGRAMS AND SERVICES											
B1. Please indicate whether you were previously aware of the QRMFN (Please circle).											
Yes			No								
B2. Please indicate whether you were aware that QRMFN offers the following programs and services. For the service you have used please indicate your level of satisfaction with the service (1 = Very dissatisfied, 2 = dissatisfied, 3 = Neither satisfied nor dissatisfied, 4 = Satisfied, 5 = Very Satisfied).											
			Awareness		Satisfaction with used services/programs						
			Yes	No	1	2	3	4	5	N/A	
Spouse Bursary Scheme											
Small Grants for Networking Events											
Bush Buddies Kids Club											
Family Program at RDAQ Conference											
Backbone Newsletter											
Orientation Kit for Spouses and Partners											
Backbone of the Bush Spouse Achievement Award											
QRMFN Volunteer Rep Support											
QRMFN Website											
Family Network Line telephone information, referral and support service											

B3. Please rank the importance of the following services to you and your family. (Fill in your rank order in the column provided using the numbers 1 for the most important through to 15 for least important).

Service	Rank Order
<i>Spouse Bursary Scheme</i>	
<i>Small Grants for Networking Events</i>	
<i>Kids' Club</i>	
<i>Family Program at RDAQ Conference</i>	
<i>Family Programs at other Conferences and Training Events</i>	
<i>Print Newsletter</i>	
<i>Orientation Kit for Spouses and Partners</i>	
<i>Spouse Achievement Award</i>	
<i>Peer Support from other Medical Partners/Spouses</i>	
<i>Web-based Information Resources</i>	
<i>Internet based networking/chatroom</i>	
<i>Toll free Phone information, referral and support service</i>	
<i>Networking opportunities for rural medical families from similar cultural backgrounds</i>	
<i>Support for medical students with partners/families</i>	
<i>Counselling referral services</i>	

B4. Please list (in order of priority) any other services/programs that you would like QRMFN to offer in its support of rural medical families.

1
2
3
4
5

Thank you for taking the time to complete this survey. Please return it by
24 December 2011 to:

QRMFN
GPO Box 2523
Brisbane Qld 4001

Email: qrmfn@healthworkforce.com.au

Fax: 07 3105 7801

If you would like to have more input or involvement in the work of QRMFN, please contact the QRMFN Project Officer on the above email address or call 07 3105 7800.