



HPFT Carer Plan – Consultation Feedback

Your Name	
Your Contact Number or Email (if you wish to be contactable)	
Location	<input type="checkbox"/> Hertfordshire <input type="checkbox"/> Buckinghamshire <input type="checkbox"/> Norfolk <input type="checkbox"/> Essex
Which of the following best describes you when completing this form?	<input type="checkbox"/> Carer <input type="checkbox"/> Service User <input type="checkbox"/> HPFT Staff Member <input type="checkbox"/> Non HPFT Staff Member <input type="checkbox"/> Other (please specify below)
What are your views on the proposed vision for this plan?	
Do the areas of focus and priorities for each feel correct and is there anything obvious that we have missed?	
If you are a carer in contact with HPFT what currently works well for you and what could we do better?	
How should we be making people aware of our progress on this plan? E.g. reports, events etc.	
Anything else you would like to say?	

Please return this form to carers@hpft.nhs.uk or Inclusion & Engagement Team, 99 Waverley Rd, St Albans, AL3 5TL.

When responding please include the page number and, where appropriate, priority number so we are clear which part of the plan you are referring to.