**Records Management Service Delivery Survey**

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| **Name** |  | **Department** |  |
| **Position** |  | **Contact No** |  |

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| **How often do you access the Records Unit services?** |
| **Every Day** |  | **Fortnightly** |  | **Bi-Monthly** |  |
| **Weekly** |  | **Monthly** |  | **Cannot Recall** |  |

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| **What services do you use? (tick all that apply)** |
| **EDRMS** |  | **Searching** |  | **Training** |  | **Record Registration** |  |
| **Mailroom Services** |  | **Archives** |  | **Disposal** |  | **Other…** |  |
| **Hardcopy Files** |  | **Storage** |  | **Advice** |  | **Other…** |  |

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| **What do we do well?** |
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| **What don’t we do well?** |
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| **If there was one thing that could be different, what should we change?** |
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| **Comments/Suggestions?** |
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