



MHPE Volunteer Exit Survey

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[Read more: How DVA manages personal information.](#)

To assist the MHPE program to meet the needs of men who are current and/or former members of the Australian Defence Force (ADF), we invite you to tell us about your experience as a Volunteer with the program, and to provide us with your feedback and ideas on how the program could be improved.

1. Name

2. State

Home phone

Mobile phone

E-mail address

3. Could you let us know why you decided to resign as a volunteer?

4. Did your MHPE training sufficiently prepare you for your MHPE Volunteer role?

Yes No ► Please give details

5. Did you receive enough support/ interaction from your Volunteer Representative?

Yes No ► Please give details

6. MHPE aims to raise awareness of men's health issues amongst current and/or former members of the ADF. Did you feel that the program achieved this aim?

Yes No ► Please give details

7. What more can DVA do to help MHPE Volunteers remain motivated and improve the program outcomes?

8. What method did you use most to target your veteran peers and promote health information?

9. Did you receive adequate support/interaction from your DVA State/Territory Coordinator?

Yes No ► Please give details

10. Do you believe your contributions to the program were recognised and valued?

Yes No ► Please give details

11. Briefly explain what you thought of your Volunteer experience with the MHPE program?

12. What suggestions, changes or recommendations would you make to improve the MHPE program?

13. What was your most memorable moment or achievement as a Volunteer with the MHPE program?

14. Would you still like to receive the MHPE Magazine?

Yes ► Number No

Thank you for your contribution to the MHPE program

Thank you for completing the Volunteer Exit Survey Form. Please return this survey to:

**Department of Veterans' Affairs
Attn: The MHPE State/Territory Coordinator
GPO Box 9998
Brisbane QLD 4001**

Alternatively, if completing the survey online e-mail to: menhealth@dva.gov.au

Information in this form will only be used with respect to the MHPE program and will be subject to the *Privacy Act of 1988*.