



**Access 2 Activities  
Provider Feedback Form**

Name of Provider .....

**1. How clear was the information you received about Access 2 Activities?**

Very Clear                      Clear                      Not very clear                      Very Unclear  
                                                                 

**2. Have you read and signed a letter of understanding?**

Yes                      No  
                     

**3. Have you noticed an increase in numbers accessing your activity as a result of A2A?**

Marked increase                      Some increase                      No increase  
                                           

**4. Thinking of the process for taking bookings, what impact has A2A had on your time?**

High impact                      Medium Impact                      Low impact                      No impact  
                                                                 

**5. Now thinking about invoicing us at the council, how has the system worked for you?**

Worked very well                      Worked well                      Not worked well

**6. How quickly has your invoice been paid?**

Over 30 days      15 -30 days      0 -15 days  
                                           

**7. Overall what is your impression of the Access 2 Activities scheme?**

Excellent              Good              Average              Poor  
                                                                 

**8. In your opinion, what went well?**

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**9. What could we improve on?**

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**10. Completed by: Name.....**  
**Date:**

Please return completed form to Helen Aston, Extended Services,  
Sir David English Sports Centre, East Way, Bournemouth BH8 9PZ  
Alternatively email the completed form to  
[Helen.aston@bournemouth.gov.uk](mailto:Helen.aston@bournemouth.gov.uk)