

# STAFF LEAVERS QUESTIONNAIRE

Please complete this form as fully as possible and return it to your manager either before you leave, or within seven days of leaving.

The information you provide will help us to improve our policies. All information provided will be in confidence.

Name: ..... Job Title/Location: .....

Date of leaving: ..... Length of service: .....

Are you going to alternative employment yes / no

If no, what will you be doing instead? .....

If yes, name of new employer. ....

New job title. ....

Why did you decide to seek other employment? .....

Why did you decide to move to this employer? .....

Did you discuss any of your reasons for leaving before taking action? yes / no

If no, why not? .....

Is there anything about your Westminster Homecare position that you would change if you had the opportunity?

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Would you consider returning to this company in the future? yes / no

If no, why not? .....

Are there any additional comments you wish to make?

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**Thank you for completing this form.**