

Format For Feedback Questionnaire for BNPC Products and Services

Serial No:

As a sign of commitment to continuous improvement of services, the BNPC would like to obtain regular feedback from its customers. Therefore, the Centre requests your cooperation to provide information with regard to your satisfaction on the quality of service you received while you were interacting with BNPC by completing the questionnaire below. The questionnaire may take up to 10 minutes to complete. Please mark X in the most relevant option for each question. In line with the Centre's pledge to customise all services provided to meet specific needs of its customers, BNPC will ensure that all complaints and suggestions for areas of improvement will be resolved and communicated to individual clients. In order to enable the Centre to achieve this, you are kindly requested to provide your personal ID/Omang Number in the appropriate space below. The Centre is thankful for your usual cooperation.

ID/Omang: _____ Date _____ Official Use

Q1a Please select/ tick the appropriate option;

- I am attending a BNPC productivity conference, convention, awareness campaign or seminar. (Answer questions 2, 4, 5 & 13 to 15 ONLY)
- I am a course/ workshop participant or consulting client at BNPC (Proceed to question 1b)

Q1b The organiser/ facilitator of the training/ workshop or intervention I am evaluating now is from...(select/ tick)

<input type="checkbox"/>	BNPC Facilitators	(If Outside facilitators,
<input type="checkbox"/>	Outside Facilitators	answer questions 4, 5, 12 &
<input type="checkbox"/>	Both of the above	15 ONLY)

CUSTOMER EXPECTATIONS

Q2 Think about the time before your interaction with BNPC to receive the service you are currently evaluating,

a) What were your expectations about the service(s) you were going to receive from BNPC?

Very Low 1 2 3 4 5 6 7 8 9 10 Very High

Don't Know

b) How well did you expect BNPC service to meet your own Personal requirements?

Not at all 1 2 3 4 5 6 7 8 9 10 Very Well

Don't Know

Perceived Quality

Q3 How would you rate the service(s) you received with respect to the following?

a) **Achieving the Intended Objectives and Purpose**

Very Poor 1 2 3 4 5 6 7 8 9 10 Excellent

Don't Know

b) **Knowledge & Competencies Displayed By Staff During Service**

Very Poor 1 2 3 4 5 6 7 8 9 10 Excellent

Don't Know

c) **Materials and Tools Used During Service delivery**

Very Poor 1 2 3 4 5 6 7 8 9 10 Excellent

Don't Know

d) **Preparedness and Enthusiasm of the Staff During Service delivery**

Very Poor 1 2 3 4 5 6 7 8 9 10 Excellent

Don't Know

e) Following this intervention, how could BNPC further help you, your organisation or the nation at large?

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.....

Support Services							Official Use						
Q4	How would you rate the quality of the following support services ? Please indicate Not Applicable where relevant.												
a)	Conference rooms												
Very Poor	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	Excellent	<input type="checkbox"/>	<input type="checkbox"/>
	Don't Know				Not Applicable								
b)	Audio & Visual												
Very Poor	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	Excellent	<input type="checkbox"/>	<input type="checkbox"/>
	Don't Know				Not Applicable								
c)	Catering/Food & Beverages												
Very Poor	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	Excellent	<input type="checkbox"/>	<input type="checkbox"/>
	Don't Know				Not Applicable								
d)	Accommodation												
Very Poor	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	Excellent	<input type="checkbox"/>	<input type="checkbox"/>
	Don't Know				Not Applicable								
e)	General Cleanliness												
Very Poor	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	Excellent	<input type="checkbox"/>	<input type="checkbox"/>
	Don't Know				Not Applicable								
f)	Front Desk & General Reception												
Very Poor	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	Excellent	<input type="checkbox"/>	<input type="checkbox"/>
	Don't Know				Not Applicable								
g)	Security												
Very Poor	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	Excellent	<input type="checkbox"/>	<input type="checkbox"/>
	Don't Know				Not Applicable								
h)	Landscaping & Gardens												
Very Poor	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	Excellent	<input type="checkbox"/>	<input type="checkbox"/>
	Don't Know				Not Applicable								
Overall Satisfaction													
Q5	Given your experiences about service attributes you evaluated so far, how would you rate your overall satisfaction about BNPC?												
Extremely Dissatisfied	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	Extremely Satisfied	<input type="checkbox"/>	<input type="checkbox"/>
	Don't Know												
Q6	How often would you expect things to go wrong with regard to the service you are currently												
Very Low	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	Very High	<input type="checkbox"/>	<input type="checkbox"/>
	Don't Know												
Q7	How did BNPC meet your own personal requirements?												
Not at All	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	Very Well	<input type="checkbox"/>	<input type="checkbox"/>
	Don't Know												
Q8	To what extent would you say the services evaluated so far has fallen short of/ or exceeded your expectations?												
Far Below Expectatio	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	Far Exceeding Expectations	<input type="checkbox"/>	<input type="checkbox"/>
	Don't Know												

		Official Use
Q9	How does the services you received at BNPC compare with the ideal service you would have wanted? Extremely Dissatisfied <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Extremely Satisfied Don't Know <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Customer Complaints		
Q10	Think about your overall experience you have had with BNPC even before this evaluation, have you ever launched a complaint with BNPC before? Yes <input type="checkbox"/> No <input type="checkbox"/> If No please proceed to question 12	<input type="checkbox"/> <input type="checkbox"/>
Q11	How well was your complaint handled? Extremely Poor <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Extremely Well	<input type="checkbox"/> <input type="checkbox"/>
Q12	Would you like to register a complaint(s), suggest an area for improvement or make a compliment now? Please state it simple and clearly below (Use any space on the questionnaire if the one provided below is not enough); Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, proceed to question 13)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Customer Loyalty		
Q13	The next time you want a similar service or a friend asks for your advice, how likely are you to consider BNPC as the first choice? Very unlikely <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Very likely Don't Know <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Q14	How willing would you be to say positive or goods things in the future about the BNPC? Very Unlikely <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Very likely Don't Know <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
IMAGE		
Q15	In your view to what extent is the BNPC appealing to the general public in terms of the following?	<input type="checkbox"/> <input type="checkbox"/>
a)	Impact on Productivity Very Low <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Very High Don't Know <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
b)	Compassion and caring Very Low <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Very High Don't Know <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
c)	Competition (Pricing and Packaging) Very Low <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Very High Don't Know <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
d)	Your Industry Needs Very Low <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Very High Don't Know <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>"Thank you for taking your time to provide us with feedback"</i>		

