



CLIENT SATISFACTION SURVEY

So that **MGF** may better assist you by monitoring our own progress and quality of service, we request you to fill in this questionnaire with your claim. As in all dealings with our clients, the information is strictly confidential.

Company name _____

Client activity number _____

1. How did you come to know about **MGF**?

tick all applicable and complete as necessary

reference from **MGF** client (name of client) _____

reference from business association (name & district) _____

attended a **MGF** presentation (where) _____

introduced by a consultant (name of consultant) _____

introduced by a **MGF** or **PSFU** employee (name of employee) _____

received letter-mailing from **MGF**

received *The MGF Bulletin*

received **MGF** brochure

received through MGF website

other (describe) _____

2. How many agreements prior to this have you had with the **MG Facility**? _____

3. Please tick area of activity for which you are now claiming **MGF** repayment:

1. Training, Workshops & Seminars

2. Study tours

3. Company Diagnostic & Planning

4. Management Systems

5. Production Related

6. Feasibility & Market Research

7. Domestic Mkt. & Sales Promotion

8. Int'l Market Visits & Trade Fairs

9. Others _____

4. Would your firm have undertaken this activity had support from **MGF** not been available?

Please tick one: Yes No

Why?: _____



5. Please evaluate the services used or activities undertaken, ranked 1 (v. poor), 2 (poor), 3 (average), 4 (good), 5 (v. good) or 6 (excellent)

	1	2	3	4	5	6
If you used consultant(s), how would you rate the services provided?						
If you attended a training course or seminar in Uganda, how would you evaluate its quality and applicability?						
If you attended a training course or seminar overseas, how would you evaluate its quality and applicability?						
How would you rate the responsiveness and helpfulness of the MGF staff?						
How would you rate the business competence of the MGF staff?						

6. How will your company benefit from this activity? Please put a tick against one or more boxes below.

Factor	✓ as relevant	To what extent – in monetary or percentage terms?
1. Increased sales		
2. Increased exports		
3. Improved market knowledge		
4. Improved productivity		
5. Increased market share		
6. Increased revenue per employee		
7. Improved employee skills		
8. Number of new jobs created		
9. Reduction in staff turnover		
10. Improved management systems		
11. Improved financial system		
12. Other, please state:		

7. Do you consider that through undertaking this activity your company has been introduced to knowledge it has not experienced before and will have a lasting effect on the business?

Please tick [✓] one: [] Yes [] No

Why?: _____

- 8a. Do you plan to use MGF support again in the next 12 months?

- 8b. If "Yes", tick [✓] for what services?

[] 1. Training, Workshops & Seminars [] 2. Study tours [] 3. Other _____



8c. If “**No**”, why not?

9. Based on your experience, would you be willing to pay the full cost when **MGF** or a similar programme is no longer available to share these costs? Please tick [] one:

[] Yes, 100% of the cost [] No

Please give a reason for your answer: _____

10. Irrespective of the results of this activity, have you been satisfied with your experience with MGF?

Please tick [] one: [] Yes [] No

THANK YOU FOR YOUR CO-OPERATION