**Template Parent Surveys**

**Parent Survey 1: General Club Experience & Safety**

**Purpose:** Understand parents' perspectives on club safety, communication, and inclusion.

**Sample Questions:**

**1. How satisfied are you with your child’s experience at the Club?**

* Very satisfied
* Satisfied
* Neutral
* Unsatisfied
* Very unsatisfied

**2. Do you feel the Club provides a safe environment for children?**

* Always
* Most of the time
* Sometimes
* Rarely
* Never

**3. Are you aware of how to report a concern about child safety at the Club?**

* Yes
* Somewhat
* No

**4. Do you believe your child knows who to talk to if they feel unsafe?**

* Yes
* Unsure
* No

**5. How well do Club staff/volunteers communicate with families about:**

* Safety and wellbeing
* Program updates
* Incidents or concerns  
  (Scale: Excellent / Good / Fair / Poor)

**6. Is the Club inclusive and welcoming to all children?**

* Yes
* Needs improvement (please explain)

**7. How confident are you in the Club’s child protection practices (e.g., supervision, Blue Cards, respectful behaviour)?**

* Very confident
* Somewhat confident
* Not confident
* Don’t know

**8. What is one thing the Club could do to improve your child’s experience?**  
*[Open text field]*

**Parent Survey 2: Youth Engagement & Empowerment**

**Purpose:** Gauge how well the Club involves children in decisions and supports their confidence and inclusion.

**Sample Questions:**

**1. Does your child feel listened to and respected at the Club?**

* Always
* Sometimes
* Rarely
* Don’t know

**2. Has your child been encouraged to share their opinions or ideas during activities or sessions?**

* Yes
* No
* Not sure

**3. Are there opportunities for children to have a voice (e.g. junior reps, feedback)?**

* Yes
* Limited
* No
* Not aware

**4. What suggestions do you or your child have for helping children feel more included or involved?**  
*[Open text field]*

**Parent Survey 3: Club Culture & Values**

**Purpose:** Assess alignment with child safety principles and respectful culture.

**Sample Questions:**

**1. Do you believe the Club upholds values of respect, fairness, and safety?**

* Strongly agree
* Agree
* Neutral
* Disagree

**2. Have you or your child ever witnessed bullying, exclusion, or inappropriate behaviour?**

* Yes
* No
* Prefer not to say  
  *(If yes, optional space to explain)*

**3. Do you feel comfortable raising a concern with Club leaders?**

* Yes
* No
* Not sure

**4. What has been a positive example of the Club supporting children or families?**  
*[Open text field]*

**Parent Survey 4: Suggestions & Continuous Improvement**

**Purpose:** Open feedback for club improvement and strategic planning.

**Sample Questions:**

**1. What programs or changes would you like to see introduced to better support children and families?**  
*[Open text field]*

**2. Are there ways the Club could improve accessibility or inclusion for families with diverse needs (e.g. disability, culture, location)?**

* Yes (please specify)
* No

**3. Would you be interested in joining a parent support group, feedback panel, or volunteer sub-committee?**

* Yes
* Maybe
* No

**4. Any additional comments or feedback?**  
*[Open text field]*

**Survey 5 Program Evaluation Survey (Parents/Guardians)**

**Purpose:** To evaluate how effective and enjoyable the program was for participants and identify opportunities for improvement.

**1. Program Details**

*(Prefilled or drop-down options)*

* Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Dates Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Age Group/Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Overall Satisfaction**

**How satisfied were you with the program overall?**

* Very satisfied
* Satisfied
* Neutral
* Dissatisfied
* Very dissatisfied

**How would you rate your child’s enjoyment of the program?**

* Excellent
* Good
* Fair
* Poor
* Don’t know

**3. Program Delivery**

**How would you rate the following aspects of the program?**  
*(Scale: Excellent / Good / Fair / Poor / Not applicable)*

* Communication from the Club before and during the program
* Organisation and structure of the sessions
* Knowledge and engagement of instructors/volunteers
* Safety measures and supervision
* Facilities and equipment used
* Inclusion of children with different needs or backgrounds

**4. Learning & Development**

**Do you feel the program helped your child to:**  
*(Select all that apply)*

* Learn surf safety and skills
* Build confidence
* Make friends and feel included
* Understand their rights and responsibilities
* Feel safe and supported
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_

**5. Child Safety & Wellbeing**

**Do you believe the program was delivered in a way that promoted child safety and wellbeing?**

* Yes
* Somewhat
* No
* Unsure

**Did your child know who to speak to if they had a concern?**

* Yes
* No
* Not sure

**Do you have any concerns about safety, supervision, or conduct during the program?**

* No
* Yes (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. Family Involvement**

**Did you feel informed and included as a parent/carer during the program?**

* Yes, definitely
* Somewhat
* No

**Would you be interested in more opportunities to be involved in future programs?**

* Yes
* Maybe
* No

**7. Suggestions for Improvement**

**What worked well in this program?**  
*[Open text field]*

**What could be improved in future programs?**  
*[Open text field]*

**Any other feedback or ideas?**  
*[Open text field]*

**8. Future Participation**

**Would you enrol your child in this program again or recommend it to others?**

* Yes
* Maybe
* No

**Would you be interested in other Club programs for children (e.g. first aid, youth leadership, advanced surf skills)?**

* Yes
* No
* Please specify areas of interest: \_\_\_\_\_\_\_\_\_\_\_\_\_