

**MENTAL CAPACITY ACT WEB ASSESSMENT TOOL SERVICE EVALUATION STUDY**

**Demographic Information**

|  |  |  |
| --- | --- | --- |
| **Your Details** | Initials: | D.O.B. |
| **Gender** | **** Female **** Male | |
| **Service Name** |  | |
| **Your Service Type** | **** NHS ****Local Authority  Private/ Charity | |
| **Client Group**  (Please Tick) | **** Learning Disabilities **** Mental Health **** Older People **** Children and Families  **** Other (please specify)………………………….. | |
| **Your Job Title** |  | |
| **Your Profession** |  | |
| **Length of time worked for this organisation** |  | |

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**Thank you for taking the time to complete this service evaluation.**