**Client Service Charter**

**Our vision:**

The MoAD Strategic Plan 2013-2018 will guide and inform how we realise this important, timely and exciting vision of being:

* Bold
* Relevant
* Authentic
* Dynamic

Through the lens of living democracy, we will build a vibrant community through exhibitions, talks, festivals, artists, celebrations, tours, films, markets, concerts and memorials. We will embrace the opportunity to connect with communities, encourage participation and value freedom through the provision of inspiring and engaging experiences.

**Our Commitment:**

At the Museum of Australian Democracy at Old Parliament House we demonstrate our commitment to high quality customer service by providing:

* A welcoming and vibrant meeting place taking into account the diverse backgrounds, needs and expectations of all or our clients and stakeholders
* An experience relevant to you by explaining our service, facilities and products
* Knowledge and learning through our collections, programs and exhibitions
* Adherence to heritage management best practice

**Our Code of Conduct:**

We are committed to the Australian Public Service Values and Code of Conduct and you can expect our staff will:

* behave courteously and with respect
* act with care and diligence
* comply with all applicable Australian laws
* use Commonwealth resources in a proper manner
* provide professional and consistent advice, information and standards of service

**How to Contact us:**

* Telephone Reception on **02 6270 8221**
* fax enquiries to **02 6270 8111**
* email us at info@moadoph.gov.au or
* Via post PO Box 7088 Canberra BC ACT 2610

**Visitor Feedback Form**

We invite you to provide feedback which will help us to continually strive to improve the visitor experience.

We welcome your views and comments on such matters as:

* how you enjoyed your visit
* what benefit you feel you may have gained from visiting
* what you did and didn’t like
* where you heard about us

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**Thank you for your feedback.**

**Please provide your contact details if you would like a response**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email/Postal address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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