**PROJECT**

**LOGO**

**NAME OF VOLUNTARY/COMMUNITY GROUP**

*What you are planning on doing.*

**WHAT YOU HOPE TO ACHIEVE WITH THE CONSULTATION**

Gender: Male □ Female □

Age: Under 12 □ 12-20 □ 20-29 □ 30-39 □ 40-49 □ 50-59 □ 60-69 □ 70-79 □ 80+ □

How many years have you lived in the area? 0-5 □ 6-10 □ 11-20 □ 20+ □

Do you feel there is a need for ……………………………… ? Yes □ No □

Would you/your family/your group/organisation ……………………………………… ? Yes □ No □

|  |  |
| --- | --- |
| Question | Answers (Select) |
| Question that applies to your project*How often do you use the facility?* | Answer which can be quantified, such as:*Never or rarely* | *At least once a month* | *At least once a week* |
|  |  |  |  |
| Question that applies to your project |  |  |  |
|  |  |  |  |
| Question that applies to your project |  |  |  |
|  |  |  |  |

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| --- |
| *Invite further comments for the project, i.e., what improvements would you like to see at the facility?* |

We would like your name and contact details so that we can keep you informed as to the progress of this project, but this is not essential if you do not want to give us these details.

Name: Name of organisation:

Address:

Telephone: E-mail:

Please return this completed form to: …………………………………………………………………………………………………………………….

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE**