

1 Service Users

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Did you know that the following services exist in your neighbourhood? Please indicate Yes or No for each service:

(please tick all that apply)

	Yes	No
Citizen's Advice Bureau	<input type="checkbox"/>	<input type="checkbox"/>
Connexions	<input type="checkbox"/>	<input type="checkbox"/>
Energy Efficiency Advice	<input type="checkbox"/>	<input type="checkbox"/>
Fire and Rescue Services	<input type="checkbox"/>	<input type="checkbox"/>
Housing Advice	<input type="checkbox"/>	<input type="checkbox"/>
JobCentre Plus	<input type="checkbox"/>	<input type="checkbox"/>
Local Health Services	<input type="checkbox"/>	<input type="checkbox"/>
Local Library	<input type="checkbox"/>	<input type="checkbox"/>
Local Link	<input type="checkbox"/>	<input type="checkbox"/>
Police	<input type="checkbox"/>	<input type="checkbox"/>
Schools	<input type="checkbox"/>	<input type="checkbox"/>
Substance Misuse Outreach	<input type="checkbox"/>	<input type="checkbox"/>
Town Council	<input type="checkbox"/>	<input type="checkbox"/>
Youth Centre	<input type="checkbox"/>	<input type="checkbox"/>

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Are there any other services that exist in your neighbourhood?

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Do you currently access any of these services? Please indicate Yes or No for each service:

(please tick all that apply)

	Yes	No
Citizen's Advice Bureau	<input type="checkbox"/>	<input type="checkbox"/>
Connexions	<input type="checkbox"/>	<input type="checkbox"/>
Energy Efficiency Advice	<input type="checkbox"/>	<input type="checkbox"/>
Fire and Rescue Services	<input type="checkbox"/>	<input type="checkbox"/>
Housing Advice	<input type="checkbox"/>	<input type="checkbox"/>
JobCentre Plus	<input type="checkbox"/>	<input type="checkbox"/>
Local Health Services	<input type="checkbox"/>	<input type="checkbox"/>
Local Library	<input type="checkbox"/>	<input type="checkbox"/>
Local Link	<input type="checkbox"/>	<input type="checkbox"/>
Police	<input type="checkbox"/>	<input type="checkbox"/>
Schools	<input type="checkbox"/>	<input type="checkbox"/>
Substance Misuse Outreach	<input type="checkbox"/>	<input type="checkbox"/>
Town Council	<input type="checkbox"/>	<input type="checkbox"/>
Youth Centre	<input type="checkbox"/>	<input type="checkbox"/>

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Do you currently access any other services?

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If you don't access them or wasn't previously aware that they existed, would you consider accessing any of these services? Please indicate Yes or No for each service.

(please tick all that apply)

	Yes	No
Citizen's Advice Bureau	<input type="checkbox"/>	<input type="checkbox"/>
Connexions	<input type="checkbox"/>	<input type="checkbox"/>
Energy Efficiency Advice	<input type="checkbox"/>	<input type="checkbox"/>
Fire and Rescue Services	<input type="checkbox"/>	<input type="checkbox"/>
Housing Advice	<input type="checkbox"/>	<input type="checkbox"/>
JobCentre Plus	<input type="checkbox"/>	<input type="checkbox"/>
Local Health Services	<input type="checkbox"/>	<input type="checkbox"/>
Local Library	<input type="checkbox"/>	<input type="checkbox"/>
Local Link	<input type="checkbox"/>	<input type="checkbox"/>
Police	<input type="checkbox"/>	<input type="checkbox"/>
Schools	<input type="checkbox"/>	<input type="checkbox"/>
Substance Misuse Outreach	<input type="checkbox"/>	<input type="checkbox"/>
Town Council	<input type="checkbox"/>	<input type="checkbox"/>
Youth Centre	<input type="checkbox"/>	<input type="checkbox"/>

Are there any other services you would consider accessing?

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If you currently access or have accessed any of these services, please indicate how satisfied you are you with them?

(please tick all that apply)

	Very Satisfied	Satisfied	Quite Satisfied	Not Satisfied
Citizen's Advice Bureau	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Connexions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy Efficiency Advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire & Rescue Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JobCentre Plus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Link	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Misuse Outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Town Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add any further comments around service satisfaction:

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What other services would benefit you in your local area? (We have provided some example below) Please indicate Yes or No

(please tick all that apply)

	Yes	No
Adult Community Learning	<input type="checkbox"/>	<input type="checkbox"/>
Employment opportunities Crosby Employment Bureau (CEB)	<input type="checkbox"/>	<input type="checkbox"/>
Training opportunities (CEB)	<input type="checkbox"/>	<input type="checkbox"/>
Personal Assistance Services (Assist individuals with activities which ensure they live as independently as possible)	<input type="checkbox"/>	<input type="checkbox"/>
The College	<input type="checkbox"/>	<input type="checkbox"/>
Volunteering opportunitites	<input type="checkbox"/>	<input type="checkbox"/>

Are there any additional services or information which would benefit you in your area? Please specify:

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Do you feel that you are able to influence how the following public services are run?
Please indicate Yes or No

(please tick all that apply)

	Yes	No
Citizen's Advice Bureau	<input type="checkbox"/>	<input type="checkbox"/>
Connexions	<input type="checkbox"/>	<input type="checkbox"/>
Drug and Alcohol Misuse	<input type="checkbox"/>	<input type="checkbox"/>
Energy Efficiency Advice	<input type="checkbox"/>	<input type="checkbox"/>
Fire and Rescue Services	<input type="checkbox"/>	<input type="checkbox"/>
Housing Advice	<input type="checkbox"/>	<input type="checkbox"/>
JobCentre Plus	<input type="checkbox"/>	<input type="checkbox"/>
Local Health Services	<input type="checkbox"/>	<input type="checkbox"/>
Local Library	<input type="checkbox"/>	<input type="checkbox"/>
Local Link	<input type="checkbox"/>	<input type="checkbox"/>
Police	<input type="checkbox"/>	<input type="checkbox"/>
Schools	<input type="checkbox"/>	<input type="checkbox"/>
Town Council	<input type="checkbox"/>	<input type="checkbox"/>
Youth Centre	<input type="checkbox"/>	<input type="checkbox"/>

If you do not feel you can influence any of these services, please explain further:

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Would you like to have more of a voice in the running of these services? Please indicate Yes or No

(please tick all that apply)

	Yes	No
Citizen's Advice Bureau	<input type="checkbox"/>	<input type="checkbox"/>
Connexions	<input type="checkbox"/>	<input type="checkbox"/>
Energy Efficiency Advice	<input type="checkbox"/>	<input type="checkbox"/>
Fire and Rescue Services	<input type="checkbox"/>	<input type="checkbox"/>
Housing Advice	<input type="checkbox"/>	<input type="checkbox"/>
JobCentre Plus	<input type="checkbox"/>	<input type="checkbox"/>
Local Health Services	<input type="checkbox"/>	<input type="checkbox"/>
Local Library	<input type="checkbox"/>	<input type="checkbox"/>
Local Link	<input type="checkbox"/>	<input type="checkbox"/>
Police	<input type="checkbox"/>	<input type="checkbox"/>
Schools	<input type="checkbox"/>	<input type="checkbox"/>
Substance Misuse Outreach	<input type="checkbox"/>	<input type="checkbox"/>
Town Council	<input type="checkbox"/>	<input type="checkbox"/>
Youth Centre	<input type="checkbox"/>	<input type="checkbox"/>

Any further comments:

If you would like to have your information shared with key partners for referral purposes please specify:

(please tick one answer)

Yes No

Please insert your contact details and if you prefer to be contacted by telephone or email:

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Name (Please insert)

Email address (Please insert)

What is your age?

(please tick one answer)

16 - 25

26 - 35

36 - 45

46 - 55

56 - 65

65+

Prefer not to say

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Are you?

(please tick one answer)

Male

Female

Transgender

Prefer Not to Say

Please select the first numbers and digits of your postcode from the list below:

- DN8 5
- DN9 1
- DN9 2
- DN14 8
- DN15 0
- DN15 7
- DN15 8
- DN15 9
- DN16 1
- DN16 2
- DN16 3
- DN17 1
- DN17 2
- DN17 3
- DN17 4
- DN18 5
- DN18 6
- LN7 6
- DN40 3
- DN39 6
- DN38 6
- DN37 8
- DN21 4
- DN21 3
- DN20 9
- DN20 8
- DN20 0

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DN19 7

Do you or your partner have a disability or long-term limiting illness?
(please tick one answer)

Yes No

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Ethnicity

What is your ethnic group, choose ONE and tick the appropriate box
(please tick one answer)

White

- British*
- Irish*
- Any other White Background*

Mixed

- White and Black Caribbean*
- White and Black African*
- White and Asian*
- Any other Mixed background*

Black or Black British

- Caribbean*
- African*
- Any other Black background*

Asian or Asian British

- Indian*
- Pakistani*
- Bangladeshi*
- Any other Asian background*

Chinese or other ethnic group

- Chinese*
- Any other ethnic group*
- Prefer not to say*

The above 16 plus 1 are those categories used on the census 2001. If you feel these categories do not represent your ethnicity please use your preferred description here e.g. Polish

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Other Ethnicity

Please specify