

YSTRADOWEN COMMUNITY CENTRE CONSULTATION QUESTIONNAIRE

This questionnaire will help YSTRADOWEN Community Centre Committee gather information on how to develop the Centre for the future.

Do you use YSTRADOWEN Community Centre?

Yes

No

1 If no, please tick the reasons why you do not use the Community Centre

I did not know there was one in my area

Don't know what is going on

No Suitable Activities

Activities not on at a suitable time

Centre not open at a suitable time

Not Welcoming

Too Expensive

Poor Reputation

Facilities in poor condition

Other: _____

2 What Services would you like to see available at the Community Centre?

Activities for children and young people

Adult Education Classes

Sports & fitness Classes

Arts & Crafts Classes

Performing Arts Activities

Activities for older people

Activities for both parents and pre school children

Crèche to enable you to attend activities

Welfare rights, debt and budgeting advice

Help getting back into work

Female only activities

Male only activities

Other: _____

3 What are the three main things that concern you about where you live?

Not enough for children and young people to do

Lack of activities for older people

Not enough opportunity for community to get together

High unemployment

Lack of access to health or fitness activities

Not enough opportunities to do training and improve or develop skills

Other: _____

4 What time of the day would you prefer to access services at the Community Centre?

am

pm

evening

Other: _____

5 Would you be interested in volunteering at the Community Centre?

Yes

No

Maybe

PLEASE CONTINUE ON THE OTHER SIDE

6 If you are interested in volunteering what areas would it be in?

- Organising Community Events
- Helping with Finances
- Create or maintain a website
- Reception Duties
- Create a newsletter
- Join the committee and attend committee meetings
- Door to door distribution of materials
- Marketing
- Taking and typing up minutes
- Helping to set up and run a community Café
- Gardening
- Cleaning
- Running a regular activity
- Other: _____

7 Gender

- Male
- Female

8 What age group are you in?

- Under 11
- 11-18
- 18-25
- 80+
- 25-40
- 18-25
- 40-79

9 Would you consider yourself to have a disability?

- Yes
- No

10 Nationality

- White British
- White Irish
- White Other
- Caribbean
- White Asian
- White and black African
- Indian
- Pakistani
- Bangladeshi
- Caribbean
- African
- Chinese
- Eastern European
- Other _____

If you wish to volunteer or be kept up to date with Community Centre activity please leave your contact details below.

Name _____

Address _____ Post Code _____

Telephone Number _____

In order to save paper we prefer to contact people by email please put your email address here. _____@_____

Get your friends and family to complete it – the Committee need your views.

Please return paper copy to Ystradowen Community Centre, 38 New Road, Ystradowen, Swansea, Carmarthenshire SA9 2YY
Tel 01639 830406
www.ystradowen.org