

## 5-Minute Questionnaire

### YOUR VIEWS ON KENTISH TOWN

**Caversham Neighbourhood Partnership (CNP)** is a local forum made up of local organisations/groups whose purpose is to improve the local area. This questionnaire is part of developing a Local Area Action Plan that looks at the most important priorities / services / projects / activities that should be developed in the future to meet local people's needs. We are therefore particularly keen to consult local people to help in this process. **The Consultation Event will take place Saturday 1<sup>st</sup> October 2005 from 10am to 2pm in Kentish Town Community Centre**

### Three CASH prizes!

(£50 first prize, and two £25 runner-ups)

To enter the draw, please fill in your details at the end of this questionnaire

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#### 1. What community services in Kentish Town do you most use:

*Please tick the 5 main ones!*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Sure Start Kentish Town          | <input type="checkbox"/> Emergency Services | <input type="checkbox"/> CAB                |
| <input type="checkbox"/> Schools                          | <input type="checkbox"/> Dentist            | <input type="checkbox"/> GP                 |
| <input type="checkbox"/> After School Club                | <input type="checkbox"/> Youth Services     | <input type="checkbox"/> Post Office        |
| <input type="checkbox"/> Culturally specific services     | <input type="checkbox"/> Community Centre   | <input type="checkbox"/> Housing department |
| <input type="checkbox"/> Tenants or Residents Association | <input type="checkbox"/> Pre-school         | <input type="checkbox"/> Social Services    |
| <input type="checkbox"/> Other (describe) .....           |   |   |

#### 2. How important are the following in Kentish Town?

*Please Tick one box at each line!*

	Really important	Quite Important	Important	Not important at all	Don't know
1. Children under 5 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. 13-19 year olds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. 5-12 year olds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Girls and young women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Men's groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Women's groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Refugees & asylum seekers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Disabled people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. People with mental health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Black and Minority Ethnic communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Older people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Faith communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Community groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3. What do you think should be the top three priorities in Kentish Town?**

***Please Tick 3 boxes only!***

- |   |   |
|---|---|
| <input type="checkbox"/> Local people being involved in making decisions about our neighbourhood  | <input type="checkbox"/> Ensuring more improved provision or low cost/ free leisure activities    |
| <input type="checkbox"/> Enabling people from different communities to come together  | <input type="checkbox"/> Providing information & advice<br><i>e.g. on activities and services</i> |
| <input type="checkbox"/> Supporting the development of local businesses   | <input type="checkbox"/> Providing more courses and classes with childcare                        |
| <input type="checkbox"/> Addressing housing issues  | <input type="checkbox"/> Employment & training of local people                                    |
| <input type="checkbox"/> Addressing community safety<br><i>e.g. anti social behaviour</i>   | <input type="checkbox"/> Improving health services & facilities                                   |
| <input type="checkbox"/> Supporting the development of social enterprises<br><i>e.g. "Flapjacks" (a cafe opposite the library run by young people with learning difficulties)</i> | <input type="checkbox"/> Maintaining and Improving the local environment                          |
| <input type="checkbox"/> Other (please specify) .....   |   |

**COMMENTS:** .....

.....

**4. What are the 3 best things about Living in Kentish Town?**

1	2	3
.....	.....	.....
.....	.....	.....
.....	.....	.....

**5. What 3 things would make Kentish Town a better place for you and your family?**

1	2	3
.....	.....	.....
.....	.....	.....
.....	.....	.....

**6. Have you anything else you want to say about living in Kentish Town?**

.....
.....
.....

<b>(OPTIONAL)</b>	<b><i>Remember to enter the CASH prize draw!</i></b>
Name: .....	Tel (H):..... (M) .....
Address: .....	
..... Postcode: .....	Email:.....

**REPRESENTATION OF LOCAL COMMUNITY (Optional)**

In order for the CNP to assess how we are responding to different sections of the community, please be kind enough to tick which details apply to you.

***All details will be kept confidentially by CNP.***

<b>Ethnic Breakdown:</b> To which group below do you consider yourself to belong?		Is English your first Language? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, which other languages do you speak? ..... <b>Disability Status:</b> Do you consider yourself to have a disability or special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No If you wish, you can give details: ..... <b>Refugee Status:</b> Are you an asylum seeker? <input type="checkbox"/> Yes <input type="checkbox"/> No  Have you refugee status? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Age Category:</b> <input type="checkbox"/> Under 10 <input type="checkbox"/> 11-16 <input type="checkbox"/> 16-19 <input type="checkbox"/> 20-30 <input type="checkbox"/> 30-40 <input type="checkbox"/> 40-50 <input type="checkbox"/> 50-60 <input type="checkbox"/> 60-70 <input type="checkbox"/> 70-80 <input type="checkbox"/> 80-90 <input type="checkbox"/> 90-100 <input type="checkbox"/> 100+  <b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Employment Status:</b> Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No  If Yes: <input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time  <input type="checkbox"/> Registered Unemployed under 6 months <input type="checkbox"/> Registered Unemployed over 6 months <input type="checkbox"/> Unemployed - not looking for work  <input type="checkbox"/> Full-time Student <input type="checkbox"/> Part-time Student <input type="checkbox"/> Retired <input type="checkbox"/> Lone Parent  <b>Concessionary Status:</b> <input type="checkbox"/> JSA <input type="checkbox"/> Income Support <input type="checkbox"/> Working Family Tax Credit <input type="checkbox"/> Disability Allowance <input type="checkbox"/> Pension <input type="checkbox"/> Other: .....
<b>White:</b> <input type="checkbox"/> White – British <input type="checkbox"/> White – Irish <input type="checkbox"/> Traveller of Irish Heritage <input type="checkbox"/> Gypsy/Roma <input type="checkbox"/> Greek <input type="checkbox"/> Greek/Cypriot <input type="checkbox"/> Turkish <input type="checkbox"/> Turkish/Cypriot <input type="checkbox"/> Albanian <input type="checkbox"/> Kosovan <input type="checkbox"/> Bosnian <input type="checkbox"/> Other European <input type="checkbox"/> Other White ..... <b>Mixed:</b> <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Mixed other .....	<b>Black/Black British:</b> <input type="checkbox"/> Caribbean <input type="checkbox"/> Other Black ..... <b>African:</b> <input type="checkbox"/> Moroccan <input type="checkbox"/> Algerian <input type="checkbox"/> Other African <input type="checkbox"/> Somalian <input type="checkbox"/> Nigerian <input type="checkbox"/> Congolese ..... <b>Asian:</b> <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Sri Lankan <input type="checkbox"/> Other Asian ..... <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Latin American <input type="checkbox"/> Kurdish <input type="checkbox"/> Other ethnic group: .....		

***Thank you for completing this questionnaire***

**Please return all questionnaires to:**

Theo Singleton (CNP Support Worker)  
 (LAAP Questionnaire)  
 c/o London Borough of Camden  
**FREEPOST NW413**  
 Kentish Town DHO  
 49/51 Caversham Road  
 London  
 NW5 2DR

**Deadline for questionnaires to reach us is 4:00pm Monday 26<sup>th</sup> September**