

## Youth Website Questionnaire 2005

**Q1 Please provide the following contact details of your organisation.**

Name of organisation.....	
Contact name .....	
Street/Road.....	
Village/Town .....	
Postcode.....	
Telephone.....	
Email address .....	
Website address .....	

**Q2 What is the purpose of your organisation?**

**Q3 What type of service do you provide?**

**Q4 When and where do you meet? (e.g Mon-Thur 1200-1500)**

**Q5 What age groups do you target?**

Under 5's .....	9-11 .....	15-17 .....
6-8 .....	12-14 .....	Over 18's .....

**Q6 Are you affiliated to any regional/national organisations?**

Yes .....  No .....

**Thank you for taking the time to complete this questionnaire. If you require a copy in large print, please contact 01892 554128.**

## Community Mapping Questionnaire 2005

**Q1 Please provide the following contact details of your organisation.**

Name of organisation.....	
Contact name .....	
Street/Road.....	
Village/Town .....	
Postcode.....	
Telephone.....	
Email address .....	
Website address .....	

**Q2 What is the purpose of your organisation?**

**Q3 What type of service do you provide?**

**Q4 When and where do you meet? (e.g Monday-Thursday 1200-1500)**

**Q5 What groups do you target? (tick all that apply)**

People with health issues..... <input type="checkbox"/>	People with a disability .....	Older people .....
People in need of family support..... <input type="checkbox"/>	Young people .....	Other .....

*If Other, please specify*

**Q6 Are you affiliated to any regional/national organisations?**

Yes .....  No .....

**Thank you for taking the time to complete this questionnaire. If you require a copy in large print, please contact 01892 554128.**