

Inner South Children & Young People Questionnaire **APPENDIX 4**

We would like to consult young people about the kind of activities you would like in your area and what's best time and place for the activities.

1) About You:

Your Age: _____ years old Male/Female: _____

Ethnicity: _____ Postcode: _____

2) What would be the best time for the activities to be offered? (you can tick more than one)

Evenings ☐ Weekends ☐ School Holidays ☐

3) Where would you like the activities to be offered at? (you can tick more than one)

School ☐ Park ☐ Leisure Centre ☐ Community Centre ☐

4) Would you like these to be? (you can tick more than one)

Indoor Activities ☐ Outdoor Activities ☐

5) What kind of activities would you like to be involved in? (you can tick more than one)

Play Sessions ☐ Art Sessions ☐ Youth Groups ☐ Sports Sessions ☐

Creative arts (music/drama/dance/media) ☐ Other (please say what _____)

6) Please list your favourite top 3 activities that you would like to do

1. _____
2. _____
3. _____

7) Do you have a Breeze Card? (please tick) Yes ☐ No ☐

8) Do you Use your Breeze Card? (please tick) Yes ☐ No ☐

9) Which Activities do you use your Breeze Card with? (please tick)
Leisure Centre ☐ Youth Groups ☐ Trips ☐ Other (Please Specify)

10) How would you like to be involved in the future? (please tick)

Conference ☐ Questionnaire ☐ Email ☐ Text ☐

11) Would you like to be involved in future consultation? (please tick)

Yes ☐ No ☐ If Yes, to make sure we can contact you, please provide:

Your Name (Print): _____

Your Contact Telephone Number(s)/Email Address: _____

(If you are under 18 years of age, please ask your parent, guardian or carer to sign below)

Print Name of Parent/Guardian/Carer.....

Signature of Parent/Guardian/Carer.....Date.....

12) Please list the activities that you are already involved in

<u>Activity</u>	<u>Which club or organisation provides the activity (if any)?</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

13a) What type of *person* would be your ideal worker who runs activities you take part in?

_____ -

b) What **top 3 skills** should they have?

1. _____
2. _____
3. _____

Once you've completed the form, please give back to the worker who gave it to you.

Organisations: please return completed forms to:

Area Support Team, Dewsbury Road One Stop Centre, 190 Dewsbury Road, Leeds, LS11 6PF
(Phone 0113 224 3040)