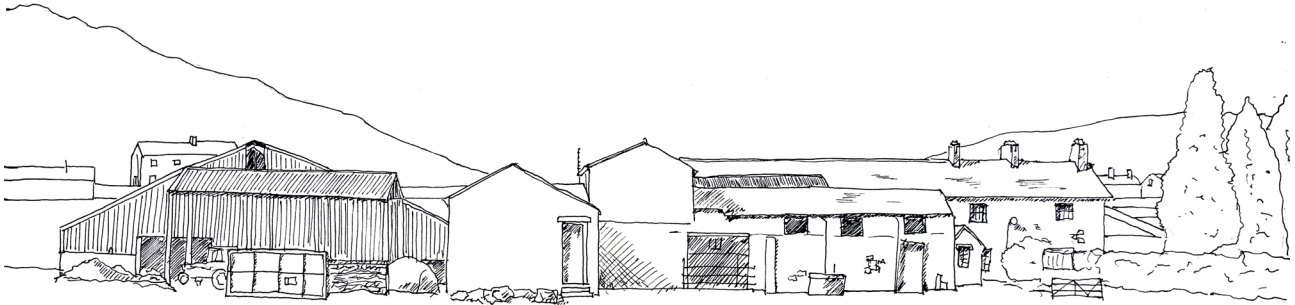


QUESTIONNAIRE

Please return by 5th June 2020

Using the envelopes provided addressed to
Duchy of Lancaster Office, Lancaster Castle, Castle Hill, Lancaster LA1 1YN
or electronically to **community@dunsopbridge.com**.



This questionnaire covers a wide range of groups and interests in the community and not all questions will be applicable to everyone completing the form. Please do not feel obliged to answer all questions – although every bit of feedback we receive is important to us and will ultimately inform the design process.

Q.1 What three things do you most value about Dunsop Bridge & its surroundings?

1.....

2.....

3.....

Q.2 What three things do you least value about Dunsop Bridge & its surroundings?

1.....

2.....

3.....

Q.3 You may travel outside of the village to secure services. Which services on the following list would you like to see provided or continue to see provided within the village? (Please tick all appropriate)

Large-scale community space		Physiotherapist		Space for social events	
Covered external space		Hairdresser		Recycling facilities	
Automatic petrol pump		Bike / e-bike hire		Post office	
Convenience shop		ATM / cashpoint		Cycle racks	
Public WC / shower facilities		Kids activity classes		Osteopath	
Lending library		Electric bike charging		Podiatrist	
Gym / fitness classes		Tourist hub		Licensed café	
Electric car charging		Beautician		Desk space (eg. 'hot desk' facility)	
Facilities with ease of access for disabled		Facilities with ease of access for the elderly		Facilities with ease of access for parents, toddlers and babies	

Is there anything we have missed that you would like to have seen included in this list?
(Please specify)

.....

Q.4 Do you make use of the car park at the centre of Dunsop Bridge? Y / N

If yes, how often? (Please tick the appropriate box)

Daily		Twice-Weekly		Monthly		Rarely	
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Q.5 Do you make use of the village green at the centre of Dunsop Bridge? Y / N

If yes, how often? (Please tick the appropriate box)

Daily		Twice-Weekly		Monthly		Rarely	
-------	--	--------------	--	---------	--	--------	--

Would you mind telling us for what purpose?

.....

Q.6 Do you make use of the playing fields at the centre of Dunsop Bridge? Y / N

If yes, how often? (Please tick the appropriate box)

Daily	<input type="checkbox"/>	Twice-Weekly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Rarely	<input type="checkbox"/>
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Would you mind telling us for what purpose?

.....

Q.7 Do you make use of the Jubilee Playground in the village? Y / N

If yes, how often? (Please tick the appropriate box)

Daily	<input type="checkbox"/>	Twice-Weekly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Rarely	<input type="checkbox"/>
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Q.8 What facilities/services are available for children within the local area?

1.....

2.....

3.....

What facilities/services do you feel are missing?

1.....

2.....

3.....

Q.9 What facilities/services are available for teenagers within the local area?

1.....

2.....

3.....

What facilities/services do you feel are missing for teenagers?

1.....

2.....

3.....

Q.10 What accessible facilities and services exist within the village for the older generation?

1.....

2.....

3.....

What accessible facilities/services for the older generation do you feel are missing?

1.....

2.....

3.....

Q.11 If you are a local resident do you have to travel to your workplace? Y / N

If yes how far do you have to travel? (Please specify)

.....

Q.12 What would be the top 3 local services or facilities that we could introduce to the village to help you carry out your livelihood?

1.....

2.....

3.....

Q.13 If desk or office space were available to you within Dunsop Bridge would you use it? Y / N

If you are an organisation or business operating in the area:

Q.14. Is there anything listed above that would detract from your existing business? Y / N

(If yes, please specify)

.....

Q.15 Are there any services currently lacking in Dunsop Bridge that your organisation currently requires? Y / N

(If yes, please specify)

.....

Q.16 Are there any requirements or facilities that might assist your ongoing/continual involvement in the village and surrounding area? Y / N

(If yes, please specify)

.....

Q.17 Does your business engage and trade with local businesses and suppliers? Y / N

(If yes, please specify)

.....

Q.18 Are there sustainable practices or services that your organisation would like to engage with but which are not currently available in the area? Y / N

(If yes, please specify)

.....

Q.19 Approximately what percentage of your customers/clients come from

A. The Forest of Bowland

B. within the North West.....

Q.20 Is your business seasonal? Y / N

If yes, please could you provide an estimate of the seasonal split (%)?

Spring Summer Autumn Winter

Q.21 Please give an indication of the number of employees within your organisation:

.....

Any further thoughts or comments:

.....

.....

.....

.....

.....

Thank you for responding to our questionnaire. All responses will be treated in confidence and used solely for the community consultation described. To help us ensure your views have been accurately recorded please fill in the personal details below:

Name:

Address:

Telephone/email:

**No in household/
business premises:**

**Occupation of adults
in household:**

Number of children (under 18s) resident in household:

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