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|  | **Proposal to Reduce Opening Hours at St David's Sports Hall - Response Form** |

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|  | **Please indicate to what extent you agree / disagree with the following statements:** |
|  |  | *Agree* |  | *Neither* |  | *Disagree* |  | *Not sure* |  |
|  | I understand why Pembrokeshire Leisure needs to make cost reductions / efficiency savings |   |  |   |  |   |  |   |  |
|  | I understand why there is a proposal to close St David’s Sport Hall on Thursday and Sunday mornings |   |  |   |  |   |  |   |  |
|  | I find the proposal acceptable |   |  |   |  |   |  |   |  |

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|  | **Please make any comments about the proposal that you wish to**

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|  | **Please use this space to put forward any other ideas / suggestions as to how Pembrokeshire Leisure could meet its cost reduction / efficiency savings targets** |
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|  | **ABOUT YOU** |

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|  | You can find out why we ask the following questions at www.pembrokeshire.gov.uk/equalities/why-do-we-ask-equality-questions |

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|  | **Are you?** (please tick only one) |
|  |   | Male |
|  |   | Female |
|  |   | Prefer another term |
|  |   | Prefer not to say |

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|  | **Are you?** (please tick only one) |
|  |   | Aged 24 or under |
|  |   | Aged 25 - 64 |
|  |   | Aged 65 - 74 |
|  |   | Aged 75 or over |
|  |   | Prefer not to say |

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|  | **Are your day-to-day activities limited because of a health problem or disability, which has lasted, or is expected to last, at least 12 months?** (please tick only one) |
|  |   | Yes |
|  |   | No |
|  |   | Prefer not to say |

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|  | **Do you provide regular, unpaid, substantial care for a relative, friend or neighbour who is unable to manage at home without help because of sickness, age or disability?** (please tick only one) |
|  |   | Yes |
|  |   | No |
|  |   | Prefer not to say |

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|  | **If you feel that your response to this survey has been influenced (positively or negatively) because of any of the following: your ethnic origin, gender, age, marital status, sexual orientation, disability, gender reassignment, religious beliefs or non-belief, use of Welsh language, BSL or other languages, nationality or responsibility for any dependents, please give details below:**  |
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 **Once complete please return to:** **surveys@pembrokeshire.gov.uk** **or Pembrokeshire**

 **County Council, Policy, 2D County Hall, Haverfordwest, SA61 1TP**

 **Please return by Tuesday 23rd April 2019**

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