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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**   |  | | --- | |  | |
|  | **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 |

|  |  |  |
| --- | --- | --- |
|  | **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:** |
|  | |  | | --- | |  | |

**Once complete please return to:** [**surveys@pembrokeshire.gov.uk**](mailto: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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