

# FULFORD PARISH PLAN

At the instigation of Fulford Parish Council, it is proposed that a Parish Plan is developed taking into account the views of the whole community. The first step is consultation, part of which is this questionnaire, the cost of which has been funded by the Community Council of Staffordshire.

The analysis of this work will be used to set the objectives for Fulford Parish Council for the next four years. The individual responses will be treated in confidence.

If members of your household wish to submit individual responses, please ask a Parish Councillor for further copies, also if you wish for help in completing the questionnaire.

Most of the sections can be answered by ticking boxes, although comments are welcome. Please take the time to complete and return the questionnaire; the Parish Council really does want to know your views!

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## Section 1: Where?

In which Parish Ward do you live?

Blythe Bridge

Fulford

Meir Heath

Rough Close

Don't know

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## Section 2: How many?

How many people live in your household? .....

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## Section 3: Transport & Safety

A) What modes of transport do your household members regularly use?

Person	A	B	C	D	E
Car					
Motorbike					
Bus					
Train					
Cycle					
Taxi					

	<b>Yes</b>	<b>No</b>	<b>May be</b>
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(Please tick one box for each question)

**B) Public Transport**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| Do you know the local bus times?                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Would you use buses if more destinations were available? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Would you use buses if they were more frequent?          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**C) Safety**

*Do you consider there are local road safety issues?*

- |                      |                          |                          |                          |
|----------------------|--------------------------|--------------------------|--------------------------|
| - Speeding           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If YES, where: ..... |                          |                          |                          |
| - Parking            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If YES, where: ..... |                          |                          |                          |
| - Heavy vehicles     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - Walking            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - Cycling            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**D) Police**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| Do you consider the area is adequately covered?        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you called the police in the last year?           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If YES, were you satisfied with the response?          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you in a Neighbourhood Watch area?                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Would you like to start a Neighbourhood watch program? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If YES, where: .....                                   |                          |                          |                          |

<b>Section 3: Summary</b>	<b>Very</b>	<b>Quite</b>	<b>Not At All</b>
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- |                                      |                          |                          |                          |
|--------------------------------------|--------------------------|--------------------------|--------------------------|
| How important to you/your family is: |                          |                          |                          |
| - public transport?                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - community policing?                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

<b>Section 4: Conservation &amp; Environmental Issues</b>	<b>Yes</b>	<b>No</b>
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(please tick one box for each question)

**A) Where would you like to see more Council money spent?**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| - Maintenance of roadside footpaths            | <input type="checkbox"/> | <input type="checkbox"/> |
| - Maintenance of countryside walking routes    | <input type="checkbox"/> | <input type="checkbox"/> |
| - Maintenance of Parks and open spaces         | <input type="checkbox"/> | <input type="checkbox"/> |
| - Creating wildlife preservation areas         | <input type="checkbox"/> | <input type="checkbox"/> |
| Supporting local preservation initiatives      | <input type="checkbox"/> | <input type="checkbox"/> |
| - <i>None of the above. Please state</i> ..... |                          |                          |
| .....  |                          |                          |

**Yes    No**

(Please tick one box for each question)

**B) Litter & General Tidiness**

- Is litter & general tidiness a concern to you?
- Would you like to have more shrubs planted in the area?
- Do you think we need more general litter bins in the area?
- Would you participate in any local litter action groups?
- If YES, where: .....

**C) Recycling**

- Do you currently recycle your waste?
- What do you recycle?
  - Bottles
  - Tins
  - Garden waste
  - Other, please state: .....
- Do you find it convenient to recycle?
- Would you recycle more if collection points were nearer?
- If you would like a closer community recycling bin, where would you site it?*
- Please state: .....

**D) Dog Fouling**

- Do you think we have a local problem with dog fouling?
- Should we introduce more special bins?
- Should we have more dog fouling notices installed?
- Should we have more designated areas for dog walkers?
- If YES, where: .....

**E) Other Environmental issues**

- Do you think there is adequate street lighting in your area?
- Would you like more street lighting introduced?
- Please state where: .....
- Are you concerned about radio-mast proliferation?

**Section 4: Summary** **Very    Quite    Not At All**

- How important to you/your family is:
- recycling
  - the preservation of greenbelt?
  - the preservation of wildlife?
  - the preservation of local landmarks?
  - the general appearance of our villages

**Section 5: Leisure Facilities**  
(Please tick one box for each question)

**Yes      No**

**A) Recreation**

Do you use any leisure facilities in the Parish?

If so, where: .....

**B) Village Halls**

Do you use any of the Village Halls?

Which of these have you attended?

	<b>Often</b>	<b>Rarely</b>	<b>Never</b>
Aerobics			
Art			
Badminton			
Bowls			
Dancing			
Jujitsu			
Karate			
Keep fit			
Yoga			
Birthdays			
Weddings			
Concerts			
Social events			
Fairs			

**Section 5: Summary**

Please state how would you like facilities improved for:

Young people	
Teenagers	
Adults	
Elderly	

**Section 6: Education**

(please tick one box for each question)

- A) How important to your family are the following?**      **Very**      **Quite**      **Not**
- |                         |                          |                          |                          |
|-------------------------|--------------------------|--------------------------|--------------------------|
| - Pre-school facilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - Primary Schools       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - Secondary Schools     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - Higher Education      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - Night School          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(Please tick one box for each question)      **Yes**      **No**

**B) Are you getting enough information on further education courses?**

    

**C) Do you or your family use night school facilities?**

    

**D) In your opinion, are there enough higher education/vocational courses in the area?**

    

**E) Do you go outside of Fulford Parish for courses?**

    

We don't attend courses

**F) Which courses would you like to have access to? (Tick all that apply)**

- Building subjects (Plastering, Brick Laying etc)
- IT Skills (Internet, General PC skills, Word Processing etc)
- Business Management
- Other, please specify .....

**G) Would you like more teaching input from industry into schools/colleges?**

    

**Section 6: Summary**

- How important to you/your family is education in general?

Very       Quite       Not at all

- Would you enrol in night school classes if they were subsidised?

Yes       No       Don't know

<b>Section 7: Public Services</b> (please tick one box for each question)	<b>Good</b>	<b>Poor</b>	<b>Don't know</b>
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How would you rate these services?

Crime Prevention/Community Policing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to Health Centre's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of Doctors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of Dentists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Section 7: Summary</b>
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Would you support local health/dental services if they were available locally?  
 Yes  No  Don't know

If you feel that policing is a local problem, which community based activities would you like to see more of? Please specify .....

.....

.....

<b>Section 8: Information Technology</b> (please tick one box for each question)	<b>Yes</b>	<b>No</b>	<b>May be</b>
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Do you own a computer with Internet access?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a printer?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a photocopier?	<input type="checkbox"/>	<input type="checkbox"/>	
<i>If the answers to the above questions are NO, then ...</i>			
Would you make use of Parish Council IT facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you visited the Parish Council website recently?	<input type="checkbox"/>	<input type="checkbox"/>	
Would you like to receive email updates from the Council?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Section 8: Summary</b>	<b>Very</b>	<b>Quite</b>	<b>Not At All</b>
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How important to you/your family is:			
- computing and access to the internet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- being up to date with local issues/initiatives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section 9: Parish Council**  
(please tick one box for each question)

**Yes No**

**A) Councillors**

- Do you know your County Councillor?
- Do you know your Borough Councillor?
- Do you know your Parish Councillor?

**B) Council**

*The Parish Council is empowered to raise money through the council tax ...*

- Are you aware how this money is spent?
- Are you satisfied with the way this money is spent?
- Are you aware of the Parish Newsletter?
- Are you aware of the Parish Website?
- Are you aware of the Parish Council meetings?
- Are you aware of the new Parish Office?
- .... Will you use its facilities?
- Do you review local planning applications?

**C) Footpaths**

Do you walk any of the local footpaths?

Daily	<input type="checkbox"/>
Weekly	<input type="checkbox"/>
Yearly	<input type="checkbox"/>
Never	<input type="checkbox"/>

- Are the footpaths you use maintained to a high standard?
- Do you need more information on footpaths?

**Section 9: Summary**

**Very Quite Not At All**

- How important to you/your family are:  
- Parish affairs?

**Section 10: This last section is for you to add any additional comments**

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Thank-you for completing the questionnaire, please return by **14th February 2007** using the **FREEPOST** envelope to:

Freepost Plus RRGZ-BXAT-GAGX  
Fulford Parish Council  
Beechside  
Church Leigh  
STOKE-ON-TRENT  
ST10 4PT

If you would like to be involved in preparing the Parish Plan, receiving feedback, wish to be involved in any of the initiatives, or representing any organisation, please enter your name and address below:

**Name:**

**Address:**

**Post Code:**

Additional copies of this form may be taken off our Internet site:

**<http://www.fulford-parish-council.org/>**