

Older People's Assembly

www.southendopa.org.uk



Working independently for the over 55's

MEMBER'S QUESTIONNAIRE 2015

In order to best serve the needs of its membership your committee would like to know which issues you would like us to feature and campaign about on your behalf

PLEASE TICK AS MANY BOXES AS APPLY TO YOU

1.HEALTH (GP/Hospital waiting times)

2.TRANSPORT (Buses, accessibility)

3.PENSIONS/BENEFITS (new regulations)

4.SUPPORT SERVICES (Social Care, Housing)

5.OTHER

PLEASE PROVIDE SPECIFIC DETAILS OF 1 – 5 ABOVE

VARIETY OF SPEAKERS Are there any particular subjects or issues you would like us to feature at future Public Meetings?

DO YOU FIND THE OLDER PEOPLE'S ASSEMBLY OF INTEREST?
YES/NO (please delete as applicable). If no what improvements would you like to see?

CONTACT DETAILS Please insert your name and telephone number below if we have your permission to contact you for further details about any of the above if necessary.

Name:

Telephone No:

THIS SECTION IS OPTIONAL.. but please read on

OPTIONAL: It is helpful (for statistical information only) to know a little more about you - Completion of this section is optional and any information provided will be kept confidential – we do not share any information with any other group/organisation or commercial enterprises.

Age	55-60 <input type="checkbox"/>	60-65 <input type="checkbox"/>	65-70 <input type="checkbox"/>	70-75 <input type="checkbox"/>	75-80 <input type="checkbox"/>	80-90 <input type="checkbox"/>	90+ <input type="checkbox"/>
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GENDER	
Male <input type="checkbox"/>	Female <input type="checkbox"/>

ETHNICITY	
WHITE <input type="checkbox"/>	DUAL HERITAGE <input type="checkbox"/>
BLACK/BLACK BRITISH <input type="checkbox"/>	ASIAN/ASIAN BLACK <input type="checkbox"/>
CHINESE OR OTHER <input type="checkbox"/>	PREFER NOT TO SAY <input type="checkbox"/>

DO YOU HAVE A DISABILITY?	
No <input type="checkbox"/>	Yes <input type="checkbox"/>
IF YES please tell us a little more:	
Physical <input type="checkbox"/>	
Sensory <input type="checkbox"/>	
Mental Health <input type="checkbox"/>	
Other <input type="checkbox"/>	

YOUR CONTACT DETAILS:	
Name	
Street Address	
Town Postcode	
Home Phone	
Work Phone	
E-Mail Address	

PLEASE TELL HOW YOU WOULD BEST LIKE US TO KEEP IN TOUCH WITH YOU:	
By Post to my home address <input type="checkbox"/>	By Telephone <input type="checkbox"/>
By E-mail as shown above <input type="checkbox"/>	Other please give details <input type="checkbox"/>

Name:	Signature:
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Thank you for taking the time to complete this survey, it is much appreciated.

It is the policy of this Assembly to provide equal opportunities without regard to race, colour, religion, national origin, gender, sexual preference, age, or disability.

If any of your details have changed since our last Survey please let us know