



Community Plan Questionnaire

Please take the opportunity to help shape the plan’s priorities by completing our questionnaire. All comments will be considered and priority given to those that are within the remit of the Community Council and its partners and achievable over the next 10 years.

Please circle your answers.

Are you a resident or visitor? Resident Visitor

Visitors: What is your home town?

Residents: Where do you live?

Oystermouth Newton Mayals West Cross

Please indicate your gender and age band:

Male - Female 10 – 16 17 – 24 25 – 59 60 – 74 75+

Do you think it is a good idea to have a community plan ?

YES NO (If no, why not?)

Please indicate the importance you would put on each of the different aspects of the Community Plan, where:

1 = most important, 2 = very important, 3= important
4 = not important 5 = least important

- | | |
|---|--|
| <input type="checkbox"/> Business & Tourism | <input type="checkbox"/> Community Safety |
| <input type="checkbox"/> Community Facilities & Leisure | <input type="checkbox"/> Community Information |
| <input type="checkbox"/> Community Services | <input type="checkbox"/> Community Partners |
| <input type="checkbox"/> Development & Conservation | <input type="checkbox"/> Heritage |
| <input type="checkbox"/> Major Developments | <input type="checkbox"/> ` Our Environment |
| <input type="checkbox"/> Traffic & Parking | <input type="checkbox"/> Other |

What specific improvements would you like to see included in the Community Plan for our area?

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Post your completed questionnaire to the address opposite, no stamp is required. If you would like to add any additional comments use the reverse of this questionnaire or append a separate sheet.

Thank you for contributing to our Community Plan

FreePost
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