

London Borough of Waltham Forest Community Council Meeting Evaluation Form Walthamstow West

Thank you for attending tonight's Community Council meeting. Please help us by completing this form and handing it to a member of staff. Your thoughts and suggestions are important to us, we will use the information to improve future meetings.

How often have you attended Community Council meetings?

This is my first meeting I have been a few times
I have attended once before I have been to most meetings

Was the venue suitable?

Yes No

If no, please explain why the venue was unsuitable

Tell us why you attended the meeting this evening? Please tick all options that apply.

To raise an issue / ask a question To meet other local residents
To meet your local councillors To help improve your local area
To see a particular presentation General interest
To meet your local police officers To find out what is going on in your local area
To vote on spend options Other

If other, please specify

Were the written agenda and papers easy to read?

Yes No

If no, please give suggestions for improvement

How satisfied were you with the responses to comments brought forward from the last meeting?

Very satisfied Dissatisfied
Satisfied Very dissatisfied

If dissatisfied, please tell us how you think this feedback session can be improved.

How satisfied were you with the presentation(s) this evening?

Very satisfied

Dissatisfied

Satisfied

Very dissatisfied

If dissatisfied, please give reasons

To what extent do you agree with the following statements about Community Councils?

	Agree	Partially agree	Disagree
They improve the communication link between yourself and the council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They inform you of local issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They enable you to raise local issues during the community forum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How satisfied are you with your Community Council?

Very satisfied

Dissatisfied

Satisfied

Very dissatisfied

If dissatisfied, please give reasons

Are you likely to attend a future Community Council meeting?

Yes

No

If no, please tell us why?

How did you find out about this meeting?

Leaflet dropped through your door

Poster on council notice board

Advertisement in local newspaper

WFM (council magazine)

Letter and agenda posted

Email

Council web site

Word of mouth

EQUALITIES MONITORING INFORMATION

The completion of this form, or any part of it, is voluntary

We would be grateful if you could complete the monitoring information below. The information is important to help us establish who is participating in Community Council meetings and to hear views and comments from different groups of people. The purpose of this information is to assist in monitoring fair and effective Community Councils and to improve what we do. The information will be treated and maintained confidentially and will be used for monitoring and to identify service improvement only. No personal information, such as your name or address, will be released when reporting statistical data.

All information will be treated and maintained confidentially

What is your ethnic group, please tick one box

White

- | | | | |
|----------------|--------------------------|---------------------------------|--------------------------|
| British | <input type="checkbox"/> | Greek / Greek Cypriot | <input type="checkbox"/> |
| Irish | <input type="checkbox"/> | Kosovan | <input type="checkbox"/> |
| Albanian | <input type="checkbox"/> | Turkish / Turkish Cypriot | <input type="checkbox"/> |

Please specify any other White background

Black or Black British

- | | | | |
|----------|--------------------------|---------------|--------------------------|
| African | <input type="checkbox"/> | Somali | <input type="checkbox"/> |
| Ghanaian | <input type="checkbox"/> | South African | <input type="checkbox"/> |
| Kenyan | <input type="checkbox"/> | Caribbean | <input type="checkbox"/> |
| Nigerian | <input type="checkbox"/> | | |

Please specify any other Black background

Dual or Multiple Heritage

- | | | | |
|-------------------------|--------------------------|---------------------------|--------------------------|
| White and Asian | <input type="checkbox"/> | White and Black Caribbean | <input type="checkbox"/> |
| White and Black African | <input type="checkbox"/> | | |

Please specify any other dual or multiple heritage

Asian or Asian British

- | | | | |
|-------------|--------------------------|------------|--------------------------|
| Bangladeshi | <input type="checkbox"/> | Mauritian | <input type="checkbox"/> |
| Indian | <input type="checkbox"/> | Sri Lankan | <input type="checkbox"/> |
| Pakistani | <input type="checkbox"/> | | |

Please specify any other Asian background

Chinese or Other Ethnic Group

Chinese

Please specify any other ethnic background

Do you consider yourself to have a disability as defined in the Disability Discrimination Act 1995. The Act defines disability as: "a physical or mental impairment which has substantial and long term effect on a person's ability to carry out normal day to day activities".

Yes

No

If 'YES' please identify which type of disability from the options below

Hearing disability

Physical disability

Learning disability

Visual disability

Other please specify

Do you have a mental health issue or are you a user of mental health services?

Yes

No

Are you ? Please tick one box

Female

Transgender

Male

To which one of the following age groups do you belong?

18 - 24.....

55 - 64

25 - 34.....

65 - 74.....

35 - 44.....

75+.....

45 - 54.....

What is your religion?

Buddhist

Muslim

Christian

Sikh

Hindu

None

Jewish

Other

If other, please specify

What is your sexual orientation?

Bisexual

Lesbian

Gay man

Prefer not to say

Heterosexual