

## **Integrated Neighbourhood Working - Your voice matters!**

What matters to you?

We are keen to work with individuals, families and community group members who live in Cotgrave to understand what matters to you in relation to Your Health, and to help you live happier, healthier lives.

This work is in its early stages, but please could you take the time to complete this short questionnaire. Your help in doing this is much appreciated.

## We would love to hear from you!

We are committed to providing equal access to healthcare services to all members of the community.

To achieve this, gathering the following information is essential and will help us ensure that we deliver the most effective and appropriate healthcare.

Responding to these questions is entirely voluntary and any information provided will remain anonymous.

If you would like further information on this work or would like to get involved, please send an email to <a href="mailto:nnicb-nn.cotgrave-inw@nhs.net">nnicb-nn.cotgrave-inw@nhs.net</a> or alternatively, please provide your preferred method of contact and details on this form below.

## Will my taking part be kept confidential?

This survey contains some questions where you can write freely. When providing responses to these, please do not write any information that may identify you (for example, name or address). Your responses may be recorded but the data you provide will be anonymised, so we will not analyse or share any information that will make you identifiable. To read about our privacy notice visit <a href="https://notts.icb.nhs.uk/privacy-policy/">https://notts.icb.nhs.uk/privacy-policy/</a>

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1.	How old are you? (Please tick)				
	18 – 25 26 - 50 36 – 50 51 – 65 Over 65				
2.	What gender are you? (Please tick)				
	Male Non-Binary Prefer not to say				
3.	How long have you lived in Cotgrave? (Please tick)				
	□ 0 – 5 Years				
4.	Which Road do you live on in Cotgrave? (We would like to know so we can map out geographical areas)				
5.	Do you have carers responsibilities / support family and friends who need additional care support? (Please tick)				
	Yes No Not Sure				



6.	If you answered Yes to Question 5, are you a recognised paid carer or an unpaid carer? (Please tick)					
		Yes No				
7.	What do you like about living in Cotgrave and why?					
8.	Is there anything you don't like about living in Cotgrave?					
9.	Do you have any ideas of ways we can make things better for people living in Cotgrave?					
10	. wnat	community facilities / activities do you curren	tly use? (	(Please tick)		
		The library		The Leisure Centre		
		The Community Kitchen		The Community Gardens		
		Rushcliffe Community Voluntary Service		The Welfare Centre		
		The Weekly Market at The Rose & Crown		The Country Park		
		Cotgrave Advice Centre at All Saints Church		The Methodist Church		
		The local pubs		Cotgrave Futures		
		U3A Activities				
11. If others, please tell us what other activities you are part of						
12. Where would you go to, to find information on what's happening in Cotgrave e.g. activities and services for Your Health and well-being.						

If you are completing this in paper format and wish to add any further feedback, please attach any additional notes you may have to this form. Please return this survey to the person who gave it to you.