

Barnet's Community Halls and Meeting Spaces Assessment:

A study examining the extent to which additional community halls and meeting spaces are required to meet the needs of the community within the Borough of Barnet.

Survey questionnaire for users of community halls and meeting spaces in Barnet

September 2009

1. Introduction and Instructions - for users of community spaces

Barnet's Planning Policy Team is currently examining the space needs, both current and future, of Barnet's community organisations. We would like to know more about the community halls and meeting spaces that you use. Your feedback will assist us in understanding your needs and how to plan for them in the future.

Please complete the survey by Monday 28 September. When you have completed the questionnaire please return by post to the address below.

Your participation in this survey is greatly appreciated.

There are 21 questions in total, most of which are answered by simply ticking boxes.

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London
N11 1NP
Tel: 020 8359 4990

We have tried to make this questionnaire as easy as possible to complete. It will take about 15 minutes to complete the survey. Please answer all the questions or as many as possible. Many of the questions have a range of options for you to choose from. Please choose the option closest to your opinion and tick the relevant box or boxes. Other questions will require you to write an answer in a text box.

If you do run out of space then please use additional sheets of paper.

If you have any other questions or need further information then please contact the Planning Policy Team on 020 8359 4990.

2. Required information

Please note that you must complete these questions to continue with the questionnaire. We have asked you to list the venues that you currently use. The questionnaire only allows you to enter up to three venues. These are referred to throughout the questionnaire as venues 'a', 'b' and 'c'. Later in the questionnaire you will be asked questions relating to either venues 'a', 'b' or 'c'. Where you use less than three venues please choose 'Not applicable' where this option is available.

If your group tends to use more than 3 venues for your purposes, then please contact the Planning Policy Team by email at forward.planning@barnet.gov.uk.

1. Your Information (Please write your answer in the boxes below - the first three boxes are required information)

Organisation	<input type="text"/>
Contact Person	<input type="text"/>
Address	<input type="text"/>
Telephone	<input type="text"/>
E-mail	<input type="text"/>

2. How many venues does your organisation currently use? (If you use more than one room within a building, please consider this as one venue only for the purposes of this question)

1

2

3

4

5

6+

If you have answered 6+ please tell us how many venues you use below:

3. Please tell us about the meeting spaces that you currently use within the Borough of Barnet. Please provide a name and address for each venue. (Please write your answer in the boxes below. If you use one of your members homes for meetings please identify that here.)

Venue a	<input type="text"/>
Venue b	<input type="text"/>
Venue c	<input type="text"/>

3. The community spaces that you use

Please enter as much information as you can in answering the following questions. You may only use one venue for the purposes of your organisation, in which case we ask you to please select 'not applicable' for venues 'b' and 'c' where this is available.

1. Please tell us whether you hire or lease the spaces that your group/organisation uses? (Please provide only one answer per row)

	Hire	Lease	Not applicable
Venue a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Venue b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Venue c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you occupy the space in any other way then please explain this below. For example, you may use a members living room free of charge for small meetings.

2. How often do you use this space/s? (Please tick all boxes that apply)

	Daily	More than once a week	Once every 2-3 weeks	Monthly	Every few months	Rarely	Not applicable
Venue a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Venue b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Venue c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify naming the relevant venue as 'a', 'b' or 'c'.)

3. What is the average size of space that your group currently uses? (Please tick only one box per row)

	Room for 5-10 persons	10-35 Persons	40-70 Persons	70-150 Persons
Venue a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Venue b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Venue c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

4. The times and frequency of your organisations meetings

Please select the most appropriate answers to the questions below.

1. When does your group normally meet? (Please select answers from the following options - Morning (M), afternoon (A), evening (E) or all day (D). You may also use a combination of these answers such as morning and afternoon (M&A)) Please enter non-applicable where this applies (n/a).

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Venue a	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Venue b	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Venue c	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other (if your meetings are not weekly or daily then please use this box to explain. If you only meet when space becomes available then please state that here)

2. On average, how long are your groups meetings? (Please tick all that apply)

	1/2-1hr	1-2hrs	2-3hrs	3-4hrs	4-5hrs	5-6hrs	6hrs +	All day	Not applicable
Venue a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Venue b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Venue c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify identifying the venue in your answer)

3. Ideally when would your group like to meet, and at which venue/s? (Please select answers from the following options - Morning (M), afternoon (A), evening (E) or all day (D). You may also use a combination of these answers such as morning and afternoon (M&A)) Please enter non-applicable where this applies (n/a).

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Venue a	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Venue b	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Venue c	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other (if your group does not wish to meet either daily or weekly, then please explain below how often you would like to meet)

5. Your organisations individual space requirements

1. Does your group have any special space requirements? E.g. do you need disabled access or a hearing loop? (Please tick only one of the boxes below. If you select 'No' then please proceed to section 7)

Yes

No

6. Special space requirements

1. What are your special space requirements? (Please write your answer in the box below)

7. Your groups current space provision and the facilities available to you

The following questions refer to the provision that your organisation currently gets from the meeting spaces that you hire and compares it to what would ideally suit your purposes.

1. What activities do you currently run and what is their average attendance? e.g. Venue a, lunch club for 30 people (Please write your answers in the boxes below, identifying the venue, number of people and the activity)

1

2

3

4

5

6

7

8

9

10

11

12

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14

15

2. What facilities are provided by the meeting spaces that you currently use? (Please select the most applicable answers in each column)

	Venue a	Venue b	Venue c
Office Space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage Space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audiovisual/IT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Café	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changing Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disabled Toilets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disabled Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Loops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disabled Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Function Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counselling Rm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Catering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Diets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify stating the venue)

3. What facilities will you require or need in the future? (Please select the most applicable answers in each column)

	Venue a	Venue b	Venue c
Office Space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage Space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audiovisual/IT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Café	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changing Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disabled Toilets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disabled Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Loops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disabled Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Function Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counselling Rm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Catering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Diets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify identifying the venue)

4. Does your current facility(ies) meet your existing needs? (Please select only one answer per row)

	Not at all	Somewhat	Very much	Not applicable
Venue a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Venue b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Venue c	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

5. In the last three years has your membership on average... (Please select the most applicable answer from the options below)

Increased

Decreased

Stayed the same

Other (please specify)

8. Making more efficient use of space

1. Would you be willing to share the spaces that you use with other groups?
(Please select one of the options below. if you select 'Yes' then please proceed to section 10)

Yes

No

9. Unable to share space

1. Please explain why you cannot share spaces with other groups? (Please write your answer in the box below identifying groups that you cannot share with if applicable)

10. Additional comments

Please enter any information in this section that you feel is important to our survey that the questionnaire has not picked up.

1. Please feel free to provide us with additional information that you feel is important to this survey, which has not been captured by the questionnaire. (Please write your answer in the box below)

11. Workshop invitation

We are planning to follow up this questionnaire survey with some workshops, details of which will soon be posted on our website at www.barnet.gov.uk/planning-consultations.htm

1. Would you be interested in attending a workshop regarding this study?
(Please tick one of the boxes below. If you select 'No' then please proceed to section 13)

Yes

No

12. Email address for workshop

1. Please type in the email address or postal address you would prefer to be contacted on for this workshop:

13. Thank you

You have now completed this survey.

Barnet's Planning Policy Team would like to thank you for taking the time to complete this survey.

If you would like more information then please contact Barnet's Planning Policy Team on 020 8359 4990 or email forward.planning@barnet.gov.uk.