

Section 2: About you and your family. (confidential information)

The information you provide on this questionnaire will be processed by Torbay Council in accordance with the Data Protection Act, 1998. In particular, it will be only used to assist in the analysis of opinion, and will not be retained for longer than necessary. It may also be disclosed to other departments within the Council for such purposes. By giving us your personal data to complete this questionnaire, you acknowledge that you have read and understand this Data Privacy statement, and that you agree that Torbay Council may process personal data relating to you for the purposes detailed above, and in accordance with all applicable legislation. If you wish to access your personal information at any time please contact the Information Governance Team on 01803 207466 or 01803 207467



Are you: Male Female Your Postcode /

Age group: under 18 18 - 24 25 - 34 35 - 44 45 - 54 55 - 64 65+

What is your ethnic origin? **White** British Irish Other

Mixed White & Black Caribbean White & Black African White & Asian

Asian or Asian British Indian Pakistani Bangladeshi

Black or Black British Caribbean African **Chinese** Chinese

Any other Ethnic Group

Please describe, in the box opposite, the makeup of your household. (e.g. two parent household; divorced single parent)

Do you consider yourself or your partner to be disabled or have special needs. (cross (x) the box(s) if 'Yes'.)

	You	Your partner
	<input type="checkbox"/>	<input type="checkbox"/>

If 'Yes', please tell us how it affects you or your partner (cross (x) all box(s) that apply.)

	You	Your partner
It affects mobility	<input type="checkbox"/>	<input type="checkbox"/>
It affects hearing	<input type="checkbox"/>	<input type="checkbox"/>
It affects vision	<input type="checkbox"/>	<input type="checkbox"/>
Other affect (specify)	<input type="checkbox"/>	<input type="checkbox"/>

Other affect - you

Other affect - your partner

Which of the following activities best describes what you or your partner are doing at present? (cross (x) the one box that applies.)

	You	Your partner
Working full time	<input type="checkbox"/>	<input type="checkbox"/>
Studying or training	<input type="checkbox"/>	<input type="checkbox"/>
Full time parent / carer	<input type="checkbox"/>	<input type="checkbox"/>
Working part time	<input type="checkbox"/>	<input type="checkbox"/>
Looking for work	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Other activity - you

Other activity - your partner

Q14. Would you like to take part in a discussion group regarding childcare in Torbay? Yes No

Q15. Would you like to be entered into the prize draw? Yes No

If you answered 'Yes' to either Q14 or Q15, please provide your contact details below.

Name

House name / no

Street

Town

Postcode /

Tel number

Any questions please contact: Consultation and Research Team, Town Hall, Castle Circus, Torquay, TQ1 3DR. tel. 01803 207894, email consultation@torbay.gov.uk

Office use only

Thank you for taking the time to fill in this questionnaire. Please return in the prepaid envelope provided - you do not need to use a stamp.

Torbay Childcare Assessment Parental Survey 2010



Tell us what you think about local childcare provision and be entered into a draw to win a £100 high street gift voucher

Dear parent / carer,

Torbay Council wants to find out about the need for childcare in the area. Your views are really important in helping us decide how to plan for new services that will be useful for you and your children.

This survey will look at the current demand for a range of childcare services and will also examine satisfaction with existing provision.

As a parent or carer we are asking for your support in completing this questionnaire and returning it in the Freepost envelope by September 17th 2010

All personal details will remain strictly confidential and contact details will ONLY be used should you wish to be involved further or if you win the prize draw.

Thank you for your time.

If you need a copy of the survey in another format please contact

Early Years and Childcare Service, Torbay Council.

Section 1: About Childcare

Q1. How many children live with you? (if you have no children please go to Q3)

Q2a. How old is your child/children e.g:

Child 1 years Child 2 years Child 3 years

Child 4 years Child 5 years Child 6 years

Q2b. Are any of your children disabled or have any learning difficulties? Yes No

Q3. Are you or your partner expecting a baby? Yes No

Q4. Where would you look / did you find information about childcare?

- | | |
|---|--|
| <input type="checkbox"/> Family Information Service | <input type="checkbox"/> JobCentre Plus |
| <input type="checkbox"/> Friend / relative | <input type="checkbox"/> Children's centre |
| <input type="checkbox"/> Library | <input type="checkbox"/> School |
| <input type="checkbox"/> Doctor | <input type="checkbox"/> Torbay Council |
| <input type="checkbox"/> Health visitor | <input type="checkbox"/> Other <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| <input type="checkbox"/> Internet / phone book | |
- (please cross all those that are relevant)

