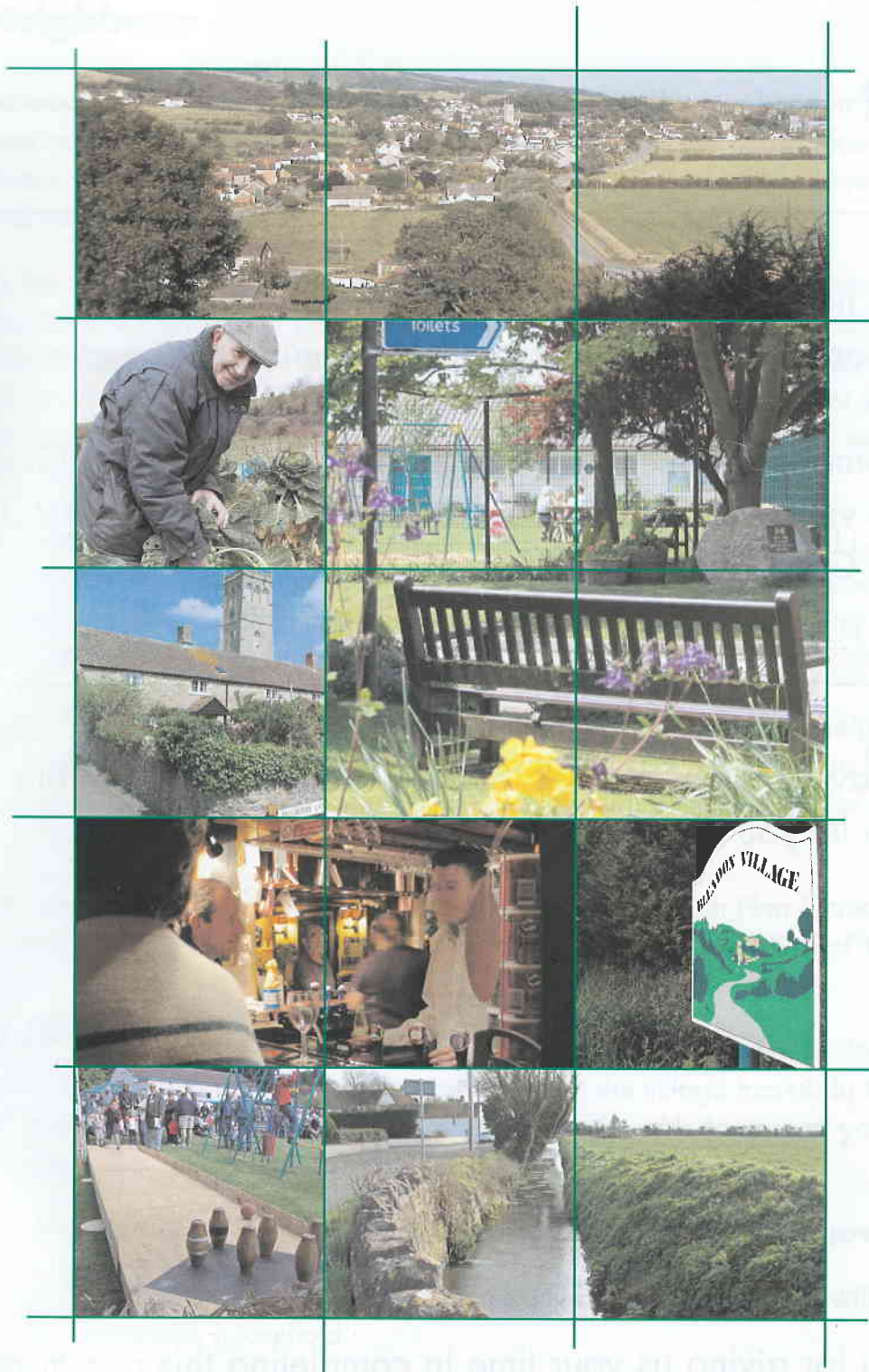


# Bleadon Parish Plan

## Residents' Questionnaire



Your parish council is preparing a plan to show how our area sees itself developing over the next 20 years. This questionnaire is vital to producing a representative plan.

**The future of Bleadon is being decided.  
We want to hear your views**

**Please return completed  
questionnaire by  
30 Sept**

This questionnaire is being delivered by volunteers to all households in Bleadon.

Your delivery contact is:

Name: \_\_\_\_\_

Tel: \_\_\_\_\_

If you have any queries or require help with the questionnaire please contact the person named above.

Or come to see members of the Parish Plan Steering Group at the village market on Saturday 17 September, 9-12.30 at the Coronation Hall.

We will have **another** meeting at the Coronation Hall in late Autumn to let **you know** the results of this questionnaire.

Thank you for giving us **your time in completing this questionnaire.**

Your views are appreciated, and **will help shape the future** of Bleadon.

# **Bleadon Parish Plan Questionnaire**

Questionnaires must be returned by 30 September

## **Dear Neighbour**

Here is your copy of our Bleadon Parish Plan Questionnaire. This has been in preparation for some time and follows on from the feedback you gave us at the Parish Plan meeting held in January. The four Action Groups set up to develop the Parish Plan have helped in the design of this questionnaire, which will lead on to the Plan itself.

Building on the suggestions you gave us in January, the aim is to collect together the views of residents. We can then set out a vision of what is considered important, both now and in the predictable future. Dependent on responses to this questionnaire this vision will define key facilities and services, describe distinctive landscape, buildings and other features that can be preserved. It will identify problems that need to be tackled, comment on design and quality standards and recommend how new development might best fit in.

The Plan will be a reference for the future, with the issues largely determined by your response, whether social, environmental or economic. Our aim is that North Somerset Council will consider the Parish Plan as guidance in relation to future planning decisions, providing a local dimension to broader land use policies.

This survey questionnaire is a vital part of the Parish Plan process and will help in identifying concerns as well as opportunities for action that can then be taken forward by both groups and individuals across the parish. This is a unique opportunity for you to comment on and influence the issues.

Your contribution is important. The accuracy and value of the Parish Plan increases with every reply we receive — it is YOUR responses that will influence the future of YOUR parish.

The completed questionnaire will be collected in approximately three weeks. In the meantime, if you have any queries you can contact us at the village market in the Coronation Hall on Saturday 17 September. We hope to be able to answer your queries or help you complete this questionnaire.

Or complete this questionnaire on-line at **[www.bleadonparishcouncil.gov.uk](http://www.bleadonparishcouncil.gov.uk)**

We guarantee that all your answers and comments will be anonymous and will not be traceable to any particular household.

Many thanks for your time.

**Bruce Poole**

**On behalf of the Bleadon Parish Plan Steering Group**



## Filling in the questionnaire

We suggest that one member of your household fills in this questionnaire, but records everyone's opinion. We hope everyone in your household will take part; everyone's opinion is important.

This is because different members of a household may have different needs (eg transport). In some sections there is space to record different requirements.

If we have not left enough space, feel free to write additional comments on a separate piece of paper.

All answers are confidential and anonymous.

If you would like help completing this questionnaire, please come to the Coronation Hall on Saturday 17 September. We will be at the market 9–12.30 to answer you queries.

### Questionnaires **MUST BE RETURNED** by 30 September

The volunteer who delivered your questionnaire will call again before 30 September to collect it.

In some sections of this questionnaire we ask you to answer on behalf of each member of your household, i.e. person A, B, C, D, E and F.

Please allocate a specific number to each member of your household. To help you remember who is which number you may wish to write a reminder for yourself here:

Person No. **A** is \_\_\_\_\_

Person No. **B** is \_\_\_\_\_

Person No. **C** is \_\_\_\_\_

Person No. **D** is \_\_\_\_\_

Person No. **E** is \_\_\_\_\_

Person No. **F** is \_\_\_\_\_

You may remove this page before returning the questionnaire to ensure your anonymity.

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If you have access to the internet please help us  
by completing this questionnaire on-line go to:  
**bleadonparishcouncil.gov.uk**

## ABOUT YOU AND YOUR FAMILY

You can, of course, withhold a response to any question, but the questionnaire and the preparation of the Parish Plan will be greatly assisted by your answering as many questions as possible. It is designed for one adult to complete on behalf of the household, with a separate section for young people for their ideas. Some questions ask for 'opinions'. If the 'opinions' of adults vary, please ensure all are noted.

### Question: 1

Please enter the number of males and females in your household in each age group  
(Include only those resident for more than six months per year)

	0-4	5-10	11-17	18-21	22-39	40-59	60-64	65-74	75+
Male	<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"/>
Female	<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"/>

### Question: 2

How long has your household lived in the parish?  
(Please tick the box relating to the person who has lived in the parish longest)

Less than 1 year	<input type="checkbox"/>	11-15 years	<input type="checkbox"/>	50+ years	<input type="checkbox"/>
1-5 years	<input type="checkbox"/>	16-25 years	<input type="checkbox"/>		
6-10 years	<input type="checkbox"/>	26-50 years	<input type="checkbox"/>		

### Question: 3

How did you come to live in Bleadon? Tick more than one box as appropriate.  
Record the answer for each person in your household.

PERSON	A	B	C	D	E	F
Born here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work in area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relatives live nearby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Love of village life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Setting up home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Came with family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



### Question: 4

Is your home? (Please tick the appropriate box)

	Bungalow	House	Flat
Privately rented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local authority rented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Owner occupied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shared ownership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please detail below)			

### Question: 5

Have any members of your household moved away from the parish in the last ten years? (Please tick as appropriate)

Yes  No

### Question: 6

Why did they leave? (Please tick only one for each member that has moved away)

Lack of affordable housing	<input type="checkbox"/>
Lack of public transport	<input type="checkbox"/>
Lack of suitable housing	<input type="checkbox"/>
To take up employment elsewhere	<input type="checkbox"/>
To go to college or university	<input type="checkbox"/>
To live independently	<input type="checkbox"/>
To set up home as a new household with a partner	<input type="checkbox"/>
Other (please detail below)	

### Question: 7

What type of housing do you live in? (Please tick as appropriate)

	1 bed	2 bed	3 bed	4 bed	5 bed or more
Flat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bungalow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
House	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please detail below)					

### Question: 8

If your current housing is unsuitable for your present and future (next 5 years) needs – what type of home do you require? (Please tick as appropriate)

	1 bed	2 bed	3 bed	4 bed	5 bed or more
Flat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bungalow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
House	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please detail below)					

### Question: 9

What type of accommodation would you prefer? (You can tick more than one)

Housing Association/Local Authority rented	<input type="checkbox"/>
Open Market Ownership	<input type="checkbox"/>
Residential Care	<input type="checkbox"/>
Care in own Home	<input type="checkbox"/>
Private Rented	<input type="checkbox"/>
Shared Ownership	<input type="checkbox"/>
Warden Assisted	<input type="checkbox"/>
Other (please detail below)	

## ABOUT WORK

### Question: 10

Where do you work and where are your children educated?  
(Please tick for each member of the household)

PERSON	A	B	C	D	E	F
From home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the parish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Within 5 mile radius (approx)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Within 25 mile radius (approx)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Within 50 mile radius (approx)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Further afield	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



### Question: 11

What is the occupational status of members of your household?  
(Please tick for each member of the household)

PERSON	A	B	C	D	E	F
Employed full-time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employed part-time/job share	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self employed – working from home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self employed – away from home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partly retired/some paid work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full time education/training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-school/playschool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unwaged housewife/househusband	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long term sick/disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carer (unpaid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please detail below)						

### Question: 12

If you are actively seeking work, are there any barriers that are preventing you from taking up employment, training or study opportunities?

Tick more than one box if appropriate (please tick for each person in the household).

PERSON	A	B	C	D	E	F
Lack of alternative care for adult dependent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of child care locally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of child care locally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of access to transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't have the right type of experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't have the right type of qualifications/training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability or ill health of some kind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of information/advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of these	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Question: 13

If you run a business, into which category does it fall?  
(Tick one box only for each person in the household)

PERSON	A	B	C	D	E	F
Agriculture/Horticulture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finance/Professional Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manufacturing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tourism e.g. hotels catering B&B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Service e.g. hairdressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Question: 14

Should the following be encouraged in and around Bleadon?

Enter number code (per person):

1 – Strongly in favour    2 – In favour    3 – No strong opinion    4 – Have reservations  
5 – Definitely not

PERSON	A	B	C	D	E	F
Tourism development/attractions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Small business development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Small scale industrial workshops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Question: 15

How do you think the Bleadon area could be improved to create more opportunity for employment?

Person **A** \_\_\_\_\_

Person **B** \_\_\_\_\_

Person **C** \_\_\_\_\_

Person **D** \_\_\_\_\_

Person **E** \_\_\_\_\_

Person **F** \_\_\_\_\_

### Question: 16

Do you have internet access at home? (Please tick all applicable) Yes  No

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### Question: 17

If yes, what do you use it for? (Please tick all applicable)

	Daily	Weekly	Occasionally	Never
Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information and news	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel & holidays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Banking & finance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chatting with friends and family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social & Leisure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please detail below)				

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## TRAVEL AND TRANSPORT

The village of Bleadon benefits from its location away from a main road, although the parish does have fast main road traffic on the A370. How will the parish cope in the future, with increasing road traffic?

### Question: 18

How many motor vehicles does your household have? (Please tick)

None  One  Two  Three or more

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### Question: 19

If you have a car/cars, how do you use them? (Please tick all applicable)

	Car 1	Car 2	Car 3
Transport to work/business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leisure/shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transport to school/college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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### Question: 20

Which of the following is your major means of transport for each family member?  
(Please tick for each member of the household)

PERSON	A	B	C	D	E	F
Car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transport – bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taxi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transport – train	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dial-a-Ride Mini bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bicycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please detail below)						

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### Question: 21

How do you travel to local facilities? (Please tick as appropriate for each person)

PERSON	A	B	C	D	E	F
Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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### Question: 22

How frequently do you use the bus (Public Transport) and what do you use it for?  
 Enter number code: 1 – Weekly 2 – Occasionally 3 – Never (for each person)

	PERSON	A	B	C	D	E	F
Work		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social & Leisure		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please detail below)							

### Question: 23

How do you rate the bus services for the following?  
 Enter number code: 1 – Excellent 2 – Good Satisfactory 3 – Poor 4 – No opinion  
 (Please enter one rating for each item)

	PERSON	A	B	C	D	E	F
Route		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timetable		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access for those with disabilities		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Question: 24

Please indicate in order of importance to you, the changes that need to be made to improve the bus service. Enter number code: 1 = most important to 5 = least important 6 – no opinion (Please enter one rating for each item)

	PERSON	A	B	C	D	E	F
Route		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timetable		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access for those with disabilities		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please detail below)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Question: 25

What would persuade you to travel by public transport more often?

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### Question: 26

Would you be prepared to take part in a scheme to share private vehicles for the following?

Enter number code: 1 – Often    2 – Occasionally    3 – Never  
(Please enter one rating for each item)

	PERSON	A	B	C	D	E	F
Shopping		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social or leisure		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am already part of a scheme		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please enter your name and address on the tear-off sheet at the end of this questionnaire.

## TRAFFIC AND HIGHWAYS

Away from the A370, the parish roads are just country lanes, being generally narrow, with few pavements and with little protection for pedestrians, cyclists and horse riders. But many of these minor roads have no formal speed limit, unlike the main roads.

### Question: 27

Do you think there are danger spots on the roads in the parish? (Please tick as appropriate)

Yes     No     Don't know

### Question: 28

If yes, where do you think the worst spots are and what is the danger?

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**Question: 29**

Do you think speeding traffic is a problem in the parish? (Please tick as appropriate)

Yes  No  Don't know

**Question: 30**

If yes, where do you feel speeding traffic is a problem?

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**Question: 31**

Do you think any of the following should be considered? (Please complete as appropriate)

	Yes	Where/What	No
Lower speed restrictions	<input type="checkbox"/>	<hr/>	<input type="checkbox"/>
Traffic calming	<input type="checkbox"/>	<hr/>	<input type="checkbox"/>
More car parking facilities	<input type="checkbox"/>	<hr/>	<input type="checkbox"/>
Parking restrictions	<input type="checkbox"/>	<hr/>	<input type="checkbox"/>
Marked pedestrian walkways	<input type="checkbox"/>	<hr/>	<input type="checkbox"/>
Cycle route(s)	<input type="checkbox"/>	<hr/>	<input type="checkbox"/>
Other (please detail below)			

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**Question: 32**

In relation to the condition of the roads and pavements in the parish, do you feel they are generally: (Please tick as appropriate and add any comments below)

In good condition  In acceptable condition  In poor condition

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**Question: 33**

In relation to paths and street lights, would you like to see any of the following in Bleadon?  
Tick more than one box if appropriate (for each person)

PERSON	A	B	C	D	E	F
More pavements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pedestrian crossings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dropped kerbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roundabouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**LOCAL IDENTITY, HISTORY AND CHARACTER**

**Question: 34**

What landscape feature(s) or building(s) do you think contribute most to the character of the parish and why? (Please list below)

Feature/Buildings

Why?

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

**Question: 35**

Are there any buildings or sites that you think should be considered for improvement?

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### Question: 36

What should be done to maintain a pride in the appearance of the parish?  
(Please tick all applicable)

- Entry into the 'Best Kept Villages' Competition
- Volunteer led Parish 'spring clean'
- Better care of our open spaces
- Employment of a parish orderly
- Improved signage
- Other ideas (note below)

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### Question: 37

In relation to local footpaths and bridleways, can you answer the following questions?

Enter number code: 1 -Yes    2 - No    3 - No opinion (per person)

	<b>PERSON</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
Do you know where the local paths are?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you use them without difficulty?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are they well signposted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would you be willing to maintain them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would you be interested in organised walks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you use footpaths?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you would be willing to help maintain them, please enter your name and address on the tear off sheet at the end of this questionnaire.

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## Question: 38

If you experienced difficulties when using local footpaths and bridleways, which if any, of the following difficulties did you find?

(Tick more than one box if appropriate for each person)

PERSON	A	B	C	D	E	F
Farm animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High stiles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locked gates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barbed wire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mud/water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crops across path	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bushes/nettles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No signposts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No difficulty experienced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## HOUSING AND DEVELOPMENT

All planning and development decisions are governed by North Somerset Council (NSC) planning policies and government policies.

NSC has to plan for the provision of significant new housing in the next few years, almost all on previously developed sites, e.g. RAF Locking. New housing development in rural areas like Bleadon is strictly controlled. Restrictions may be relaxed by the Government in the future.

### Question: 39

If there is a need for additional housing in the parish, what sort of housing do you think Bleadon will need in the future? (Please tick as appropriate)

PERSON	A	B	C	D	E	F
No new housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing for single people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing for young couples / small families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large family housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing for the elderly/disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing for low income families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please add you comments below)						

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### Question: 40

If you think new housing is needed, should it be to buy or rent? (Please tick as appropriate)

PERSON	A	B	C	D	E	F
Buy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shared Ownership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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### Question: 41

If there is a need for more housing in the parish where might future building development be? (Please tick as appropriate)

- Inside the 'Settlement Boundaries' using in-fill sites (see map inside back cover)
- Outside the 'Settlement Boundaries'
- (Please note below your favoured location)
- Anywhere
- Other (Please detail below)

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### Question: 42

It has been suggested that provision should be made within the parish for a small travellers' site. (Tick one box only for each person in your household)

	<b>PERSON</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
Agree		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disagree		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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### Question: 43

If you are against further building development, please give your reason?  
(Please tick all applicable)

- The parish would lose its rural character
- Roads and infrastructure inadequate
- Surface drainage and flood prevention measures inadequate
- Too much pressure on schools and other facilities
- Other (Please state below)

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# OUR ENVIRONMENT

## Question: 44

How important is it to you that countryside is maintained between Weston and Bleadon?  
(Tick one box only for each person)

PERSON	A	B	C	D	E	F
Very important	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Important	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not important	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No opinion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Question: 45

Our local environment is under threat, with economic and development pressures possible accelerating future change, yet it is generally accepted that a high quality built and natural environment provides the foundation for a healthy local economy and a basis for a good quality of life.

Some features of the built environment are protected by law, others rely on individuals accepting responsibility for the impact of their actions.

How important are the following to you?

Enter number code: 1 – Very important 2 – Important 3 – Not important (for each person)

PERSON	A	B	C	D	E	F
Protection of Listed Buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Design, scale and 'fit' of new developments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact of development on the visible landscape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control of roadside features and advertising signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A place for fishing or shooting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A place of scenery and the natural world	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (Please detail below)

### Question: 46

The parish is largely rural with most of the land in agricultural use. Changing agricultural policies and practices, illustrated by the trend away from pasture to arable farming and farm diversification initiatives, will affect the natural environment. How crucial are the following issues to you?

Enter number code: 1 = most important to 5 = least important 6 = No opinion  
(Please enter one rating for each item per person)

PERSON	A	B	C	D	E	F
Conservation of the parish						
landscape character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Woodland retention & replanting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preservation of hedges and trees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wildlife conservation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please detail below)						

### Question: 47

How important is the quality of the countryside around Bleadon to you? (Tick one box only)

PERSON	A	B	C	D	E	F
Very important	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Important	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not very important	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No opinion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Question: 48

Which elements of the countryside around Bleadon do you value?

Tick more than one box if appropriate for each person.

PERSON	A	B	C	D	E	F
Tranquility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Openness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A place which provides my living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A place for walking or rambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A place to ride or walk the dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A place for fishing or shooting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A place of scenery and the natural world	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Question: 49

What do you think could be done to improve the environment of Bleadon?

Enter code: 1 – Very important 2 – Worth doing 3 – Not necessary 4 – Don't know

(Please enter one rating for each item per person)

PERSON	A	B	C	D	E	F
Plant more trees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cut down some trees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Look after woodlands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keep hedges short and tidy on footpaths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Let hedges in fields grow naturally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop the river for leisure activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop the river and Levels as a wildlife sanctuary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop the Coombe quarry as a wildlife sanctuary (near Catherine's Inn)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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### Question: 50

Does Bleadon suffer from any of the following types of disturbance?

Tick more than one box if appropriate for each person.

PERSON	A	B	C	D	E	F
Traffic noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Farm animals in gardens/on roads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noisy visitors / residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low-flying aircraft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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# RECYCLING

## Question: 51

Do you recycle any household waste? (Please tick as appropriate)

Yes  No

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## Question: 52

If yes, which of the following do you recycle? (Please tick as appropriate)

Glass   
Cans   
Clothes/shoes   
Batteries   
Printer cartridges

Paper   
Green waste/Compost   
Plastics   
Stamps

Other (Please detail below)

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## Question: 53

Do you use the following? (Please tick all that apply)

Recycling banks   
Home / allotment Composting

Green Box Scheme   
Local Civic Amenity Site

Other (Please detail below)

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## Question: 54

What other recycling facilities, if any, should be available? (Please detail below)

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## STREET LIGHTING

The subdued yellow lighting in Bleadon probably adds to the character of the village. Compare this with the new lights installed along the A370 at the Anchor junction and elsewhere and the many roads without any lighting.

### Question: 55

Is the street lighting adequate in your neighbourhood? (Please tick as appropriate)

Yes  No

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### Question: 56

Is more and brighter lighting needed? (Please tick as appropriate)

Yes  No

If yes where? \_\_\_\_\_

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### Question: 57

Artificial lighting of premises and recreation facilities allows for increasing hours of use and improved night-time security, yet it contributes to 'light pollution'.

How concerned are you about these lighting issues?

Rate as 1 = most concerned to 5 = least concerned.

(Please enter one rating for each item per person)

PERSON	A	B	C	D	E	F
Street Lighting outside residential areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urbanisation of rural areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light pollution (glare/flow)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Night working under lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illuminated signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impacts on wildlife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are particularly concerned about one issue only, please describe the problem and its location:

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# COMMUNITY SERVICES AND FACILITIES

## Question: 58

It would help future planning for village facilities if you could briefly describe any health problem/disability which affects your day to day living. E.g. "registered blind" or "Wheelchair dependent". This is optional.

Person **A** \_\_\_\_\_

Person **B** \_\_\_\_\_

Person **C** \_\_\_\_\_

Person **D** \_\_\_\_\_

Person **E** \_\_\_\_\_

Person **F** \_\_\_\_\_

## Question: 59

Have you used any of the following services in the last year?

Enter number code: 1 – Often 2 – Occasionally 3 – Never 4 – Not applicable

(For each person)

PERSON	A	B	C	D	E	F
Doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
District Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Visitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternity Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chiropody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loan of medical equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meals on wheels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



### Question: 60

Parish residents are supported by a limited range of local services, increasing the need to look further afield for supplies, service and support. Are you satisfied with the accessibility of services?

PERSON	A	B	C	D	E	F
Satisfied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No opinion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dissatisfied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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### Question: 61

Would you like to see any of the following medical services provided in the village?  
Tick more than one box if appropriate for each person.

PERSON	A	B	C	D	E	F
Weekly doctor's surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baby clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chiropody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dentistry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative therapies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Planning clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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### Question: 62

Are there any changes you would like to see to these services: (Please note below)

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### Question: 63

Since April 2003 there has been a new 'Out of Hours' service for doctors.  
Have you used the new service? (Please tick as appropriate)

Yes  No

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**Question: 64**

If yes, did you find it satisfactory? (Please tick as appropriate)

Yes  No

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**Question: 65**

If no, what problems did you have? (Please detail below)

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**Question: 66**

How frequently do you use the following services?

(Please tick as appropriate) (Some of these are not be available daily)

	Daily	Weekly	Occasionally	Never
Bleadon village shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bleadon Post Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aller Parade, Oldmixon Post Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local pub(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local garage(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone Box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milk delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monthly village market at Coronation Hall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supermarket delivery services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Catalogue mail order shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newspaper delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription delivery services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What would encourage you to make more use of local services?

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### Question: 67

If you usually shop in Bleadon is it because? Tick more than one box if appropriate.

PERSON	A	B	C	D	E	F
You like to support the local shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You like the social contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It saves time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It saves transport costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You don't have transport to go elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You need 'last minute' items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of internet access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The village shop gives good value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please detail below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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### Question: 68

What changes in the Shop/Post Office would make you use it more often?

Person **A** \_\_\_\_\_

Person **B** \_\_\_\_\_

Person **C** \_\_\_\_\_

Person **D** \_\_\_\_\_

Person **E** \_\_\_\_\_

Person **F** \_\_\_\_\_

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### Question: 69

If you shop outside the parish for goods that are available locally, what are your reasons?  
(Please tick as appropriate)

- Opening hours
- Price
- Variety
- Quality
- Convenience
- Other (Please detail below)

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### Question: 70

When you shop outside the parish for non-food items, where do you go?

- Weston-super-Mare
- Burnham-on-Sea
- Bristol
- Taunton
- Elsewhere

If elsewhere, where and why?

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### Question: 71

If you work from home or run a business based in the parish, what services/facilities would help your business? (Please detail below)

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## COMMUNITY LIFE

### Question: 72

Please indicate below whether you use the following:

PERSON	A	B	C	D	E	F
Bleadon Coronation Halls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Church Meeting Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's Play Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Queens Arms skittles room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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### Question: 73

If you use any of these venues/facilities, are there any improvements, either in the booking arrangements, or what's available, that you could suggest? (Please detail below)

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### Question: 74

Do you think the Coronation Hall is adequate for the needs of Bleadon? Tick one box only.

PERSON	A	B	C	D	E	F
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No opinion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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### Question: 75

Do you experience any of the following difficulties in using Bleadon Coronation Halls?  
Tick more than one box if appropriate (per person)

PERSON	A	B	C	D	E	F
No transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No one else to go with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Function times are inconvenient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Costs too great	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficult wheelchair access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrong age group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do not attend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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### Question: 76

In the present Hall, do you think the following are:  
Enter number code: 1 – Good    2 – Reasonable    3 – Poor (for each person)

PERSON	A	B	C	D	E	F
Cloakroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Size of rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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### Question: 77

Do you support the development of a village community space leisure and sports facility (like Lympsham) in the field alongside Bridge Road, in conjunction with a housing development in the adjoining field? Tick one box only.

PERSON	A	B	C	D	E	F
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Can you suggest any alternative sites for leisure and sports facilities?

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### Question: 78

In relation to educational facilities, does Bleadon need any of the following?  
Tick more than one box if appropriate.

PERSON	A	B	C	D	E	F
Pre-school nursery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More registered childminders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A village school (if numbers permit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full day care for dependants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After school clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holiday activity/play scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improved youth club facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult education classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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### Question: 79

What additional adult education/leisure classes would you like to see provided in the village?

Please write your ideas in the space below.

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And how? (example: internet, one-to-one, in groups) \_\_\_\_\_

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### Question: 80

What is the best time of day for classes? Tick more than one box if appropriate.

PERSON	A	B	C	D	E	F
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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### Question: 81

What are your views on local social facilities for the following?

Enter number code: 1 – Good 2 – Reasonable 3 – Poor 4 – No opinion (per person)

PERSON	A	B	C	D	E	F
Children up to 16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Young people 17–25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People 26–40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People 41–60	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People over 60	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Question: 82

Would you be prepared to help with the following leisure time activities for young people?  
Tick more than one box if appropriate.

PERSON	A	B	C	D	E	F
Youth art schemes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A summer play scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After-school club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community service (e.g. Duke of Edinburgh award)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scouts/Cubs/Guides/Brownies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you would be prepared to help organise and run any of the above, please enter your name and address on the tear-off sheet at the end of this questionnaire.

### Question: 83

Would you, or your children be prepared to be a mentor offering your experience, knowledge and skills? (E.g. Lifeskills, parenting, finding a career, choosing a university)

PERSON	A	B	C	D	E	F
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you would be prepared to be a mentor, please enter your name and address on the tear-off sheet at the end of this questionnaire.

## CLUBS AND LOCAL GROUPS

### Question: 84

Listed below are some of the activities available in the Parish.

What are you or your household involved with? (Please tick as appropriate)

Bleadon Players	<input type="checkbox"/>	Yoga	<input type="checkbox"/>
Bridge Club	<input type="checkbox"/>	Toddler group	<input type="checkbox"/>
Brownies	<input type="checkbox"/>	Infant Welfare Clinic	<input type="checkbox"/>
Friendship Club	<input type="checkbox"/>	Sugarcraft group	<input type="checkbox"/>
Exercise class	<input type="checkbox"/>	Ladies group	<input type="checkbox"/>
Skittles	<input type="checkbox"/>	Friends of Bleadon Church	<input type="checkbox"/>
Horticultural Society	<input type="checkbox"/>	Parochial Church Council	<input type="checkbox"/>
Short mat bowls club	<input type="checkbox"/>	Choir	<input type="checkbox"/>
Watercolour painting class	<input type="checkbox"/>	Bellringers	<input type="checkbox"/>
Ballroom dancing	<input type="checkbox"/>	Ladies self-defence	<input type="checkbox"/>
Folk Dancing group	<input type="checkbox"/>	Youth Club	<input type="checkbox"/>
Photographic group	<input type="checkbox"/>	May Fair Committee	<input type="checkbox"/>
Contactus welcome group	<input type="checkbox"/>	Neighbourhood Watch	<input type="checkbox"/>
Other Activities (not listed) (Please detail below)			

If you don't participate in activities, why not? \_\_\_\_\_

### Question: 85

Which new sports clubs/activities would you attend in Bleadon if they were provided?

Tick more than one box if appropriate per person.

PERSON	A	B	C	D	E	F
Youth football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cricket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boules (Petanque)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snooker/billiards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Martial arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pilates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keep Fit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Table Tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you would be prepared to help organise and run any of the above, please enter your name and address on the tear off sheet at the end of this questionnaire.



# RELIGION

## Question: 86

Have you attended any of the following places of worship in the Bleadon area?

Enter number code: 1 – Within the last week    2 – Within the last month

3 – Within the last year    4 – Attend elsewhere

5 – Do not attend anywhere (per person)

PERSON	A	B	C	D	E	F
Local Church	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Churches outside Bleadon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other religious groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Question: 87

Is St Peter and St Paul's Church Bleadon important to you?

Tick more than one box if appropriate.

PERSON	A	B	C	D	E	F
For Sunday worship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For baptisms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wedding and funerals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a focal point for the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As an historic building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Every place should have one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Question: 88

If St Peter and St Paul's Church is important to you, are you prepared to support it?

Tick one box only per person.

PERSON	A	B	C	D	E	F
Not relevant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I already give support in time and effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I already give support in funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am prepared to give more support if						
I receive information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Question: 89

Would you like to see St Peter and St Paul's Church used for the following activities?  
Enter number code: 1 – Yes 2 – No 3 – No opinion (per person)

PERSON	A	B	C	D	E	F
Concerts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other denominational services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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### Question: 90

The church burial ground is now closed except for small memorials. Does the parish council need to look for a suitable local site for a new burial ground and/or memorial garden?  
Tick one box only.

PERSON	A	B	C	D	E	F
Not relevant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't wish to be buried in the parish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't want a memorial in the parish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would like to be buried in the parish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would like a memorial in the parish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## POLICING OUR COMMUNITY

Bleadon has a designated Community Policeman, a police constable with personal responsibility for the parish. The police constable is the link to the neighbourhood watch scheme and regularly reports to the parish council.

### Question: 91

Have you ever been a victim of crime in the parish? (Please tick as appropriate)

Yes  No

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**Question: 92**

If yes, what crime? (Please tick as appropriate)

Car crime

Damage to property

Burglary

Vandalism

Violence

Other (Please detail below)

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**Question: 93**

If you have been a victim of crime, how well was this dealt with by the police?  
(Please tick as appropriate)

Good

Adequate

Inadequate (Please detail below)

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### Question: 94

Which, if any, of the following crimes and anti-social behaviour concern you in Bleadon?  
Tick more than one box if appropriate per person.

PERSON	A	B	C	D	E	F
Theft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vandalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drunkenness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threatening behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise/rowdiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Litter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fly-tipping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dog fouling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not concerned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Question: 95

If there are areas in Bleadon in which you feel unsafe, where are they?

Person **A** \_\_\_\_\_

Person **B** \_\_\_\_\_

Person **C** \_\_\_\_\_

Person **D** \_\_\_\_\_

Person **E** \_\_\_\_\_

Person **F** \_\_\_\_\_

### Question: 96

Does your street or road have a Neighbourhood Watch scheme?

(Please tick as appropriate)

Yes  No  Don't know

If you would like to participate in a Neighbour Watch scheme in your road, please enter your name and address in the tear-off sheet at the end of the questionnaire.

### Question: 97

Would you be prepared to become part of a Local Action Team?  
(A Local Action Team is a partnership between residents, police, community groups, voluntary organisations and councillors, working together to deal with local problems)  
(Please tick as appropriate)

Yes  No

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If you would like to participate in a Local Action Team, please enter your name and address on the tear-off sheet at the end of this questionnaire

### Question: 98

Some villages operate a voluntary community speedwatch scheme using speed detection equipment supplied by the Police.

Do you believe that this is a good thing to have in the village? (Please tick as appropriate)

Yes  No  Don't know

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If you would like to participate in a speedwatch scheme in your neighbourhood, please enter your name and address on the tear off sheet at the end of this questionnaire.

### Question: 99

House numbering can help emergency and other services find an address much faster and easier.

Would you like to see more house numbering in the village? (Please tick as appropriate)

Yes  No  Don't know

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# COMMUNICATIONS

The media world is changing, even at a local level. Notice boards, shop windows and newsletters are traditional ways of communicating with residents about activities. Also, there are local newspapers and, more recently, the Bleadon website [www.bleadonparishcouncil.gov.uk](http://www.bleadonparishcouncil.gov.uk) has been set up to provide a local information resource.

## Question: 100

How do you receive your information about what is happening in the parish?  
(Please tick all that are appropriate)

- BleadonVillage News
  - The Parish Magazine of St Peter and St Paul
  - Village shop
  - Word of mouth
  - Local newspapers
  - Bleadon website
  - Parish Council notice boards
  - Church notice board
- 
- 

## Question: 101

What improvements would you like to see in the way in which you receive information about Bleadon?

Person **A** \_\_\_\_\_

Person **B** \_\_\_\_\_

Person **C** \_\_\_\_\_

Person **D** \_\_\_\_\_

Person **E** \_\_\_\_\_

Person **F** \_\_\_\_\_

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## PARISH COUNCIL

Bleadon Parish Council consists of up to nine elected or co-opted volunteer members. The parish council and councillors have a wide range of responsibilities, including much more than commenting on development applications. The Parish Council meets monthly in the Coronation Hall on the second Monday of the month.

### Question: 102

Parish Council meetings are open to the public, when residents are able to comment or offer suggestions. Are you aware that these meetings are open to the public?  
(Please tick as appropriate)

Yes  No

### Question: 103

How effective is your Parish Council? (Please tick as appropriate)

Effective  Ineffective  Don't know

### Question: 104

What else would you like your Parish Council to do? (Please detail below)

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Announcements of the Parish Council's meetings and activities are posted on the parish notice boards with meeting reports published on the parish council website.

### Question: 105

Do you feel that you are adequately informed about the parish council's activities?  
(Please tick as appropriate)

Yes  No

if no, what improvements would you suggest? (Please detail below)

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## YOUNG PEOPLE

Younger members of the household should be encouraged to comment on the issues raised by the questionnaire

To ensure we gather specific views directly from the young people, the next section is for those in the household under 18 years.

The following pages provide questionnaires for up to 4 young people.

If you need more, please ask, or take copies.

These questions can also be answered by logging on to the Bleadon website at **[www.bleadonparishcouncil.gov.uk](http://www.bleadonparishcouncil.gov.uk)** go to the Home page and click on the Parish Plan icon and fill in the form, and click on the 'submit' button.

These responses will be anonymous.

Thank you for taking the time to  
complete this questionnaire.

Your views are appreciated, and **will** help  
shape the future of Bleadon.

# Young Person 1

What age are you? (Please enter your age in the box)

Age

What school do you go to? (Please write below)

Was this your first choice?

Yes

No

What are your interests?

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Do you attend any organised activities? (Please write below)

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Have you used the Youth Club (Please tick as appropriate)

Yes

No

If yes, would you use it again? (Please tick as appropriate)

Yes

No



What do you think about the Youth Club? (Please write below)

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What facilities for young people would you like in the parish? (Please write below)

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If you could have just one thing provided in the parish, what would it be and why?  
(Please write below)

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What other improvements would you like to see in Bleadon? (Please write below)

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## Young Person 2

What age are you? (Please enter your age in the box)

Age

What school do you go to? (Please write below)

Was this your first choice?

Yes

No

What are your interests?

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Do you attend any organised activities? (Please write below)

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Have you used the Youth Club (Please tick as appropriate)

Yes

No

If yes, would you use it again? (Please tick as appropriate)

Yes

No

What do you think about the Youth Club? (Please write below)

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What facilities for young people would you like in the parish? (Please write below)

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If you could have just one thing provided in the parish, what would it be and why?  
(Please write below)

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**What other** improvements would you like to see in Bleadon? (Please write below)

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# Young Person 3

What age are you? (Please enter your age in the box)

Age

What school do you go to? (Please write below)

Was this your first choice?

Yes

No

What are your interests?

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Do you attend any organised activities? (Please write below)

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Have you used the Youth Club (Please tick as appropriate)

Yes

No

If yes, would you use it again? (Please tick as appropriate)

Yes

No

What do you think about the Youth Club? (Please write below)

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What facilities for young people would you like in the parish? (Please write below)

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If you could have just one thing provided in the parish, what would it be and why?  
(Please write below)

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What **other** improvements would you like to see in Bleadon? (Please write below)

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# Young Person 4

What age are you? (Please enter your age in the box)

Age

What school do you go to? (Please write below)

Was this your first choice?

Yes

No

What are your interests?

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Do you attend any organised activities? (Please write below)

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Have you used the Youth Club (Please tick as appropriate)

Yes

No

If yes, would you use it again? (Please tick as appropriate)

Yes

No



What do you think about the Youth Club? (Please write below)

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What facilities for young people would you like in the parish? (Please write below)

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If you could have just one thing provided in the parish, what would it be and why?  
(Please write below)

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**What** other improvements would you like to see in Bleadon? (Please write below)

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I/We would like to participate in the following schemes/activities. Please get in touch with me/us and let me/us know how we/I can help.

Names:

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Address: \_\_\_\_\_

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Postcode: \_\_\_\_\_

Tel: \_\_\_\_\_

Email: \_\_\_\_\_

Please tick the schemes/activities which interest you.

- Vehicle sharing for shopping/school/social/work.
- Be a mentor offering experience, knowledge and skills.
- Help run a Scout/Girl Guide group – Brownies/Guides/Beavers/Cubs/Scouts.
- Church of St Peter and St Paul.
- Neighbourhood Watch Scheme.
- Local Action Team.
- Speedwatch Scheme.
- Distribution of Village news magazine.
- Being a Parish Councillor.
- Helping with village clean-ups and plant-ups.
- Help maintain footpaths.
- Help run leisure time activities for young people.
- Help organise/run a sports/leisure activity.





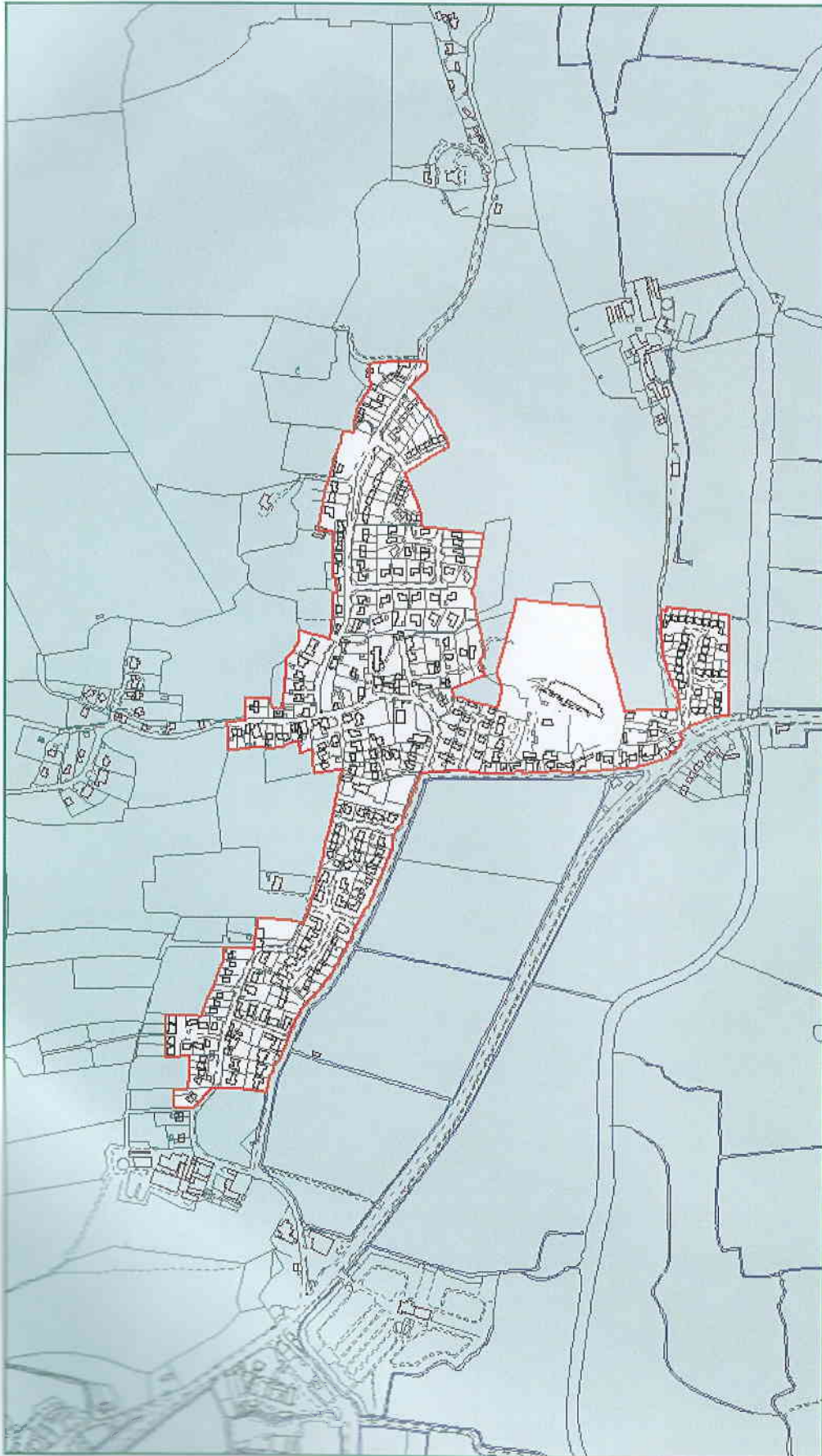
Thank you for taking the time  
to complete this questionnaire.

Your views are appreciated, and  
**will** help shape the future of Bleadon.

We will have a meeting at the  
Coronation Hall in late Autumn to let you  
know the results of this questionnaire.

**Bleadon Parish Plan Steering Committee**

The outline indicates the village settlement fence as designated in the North Somerset Local Plan. It indicates the extent of the current permitted development area.



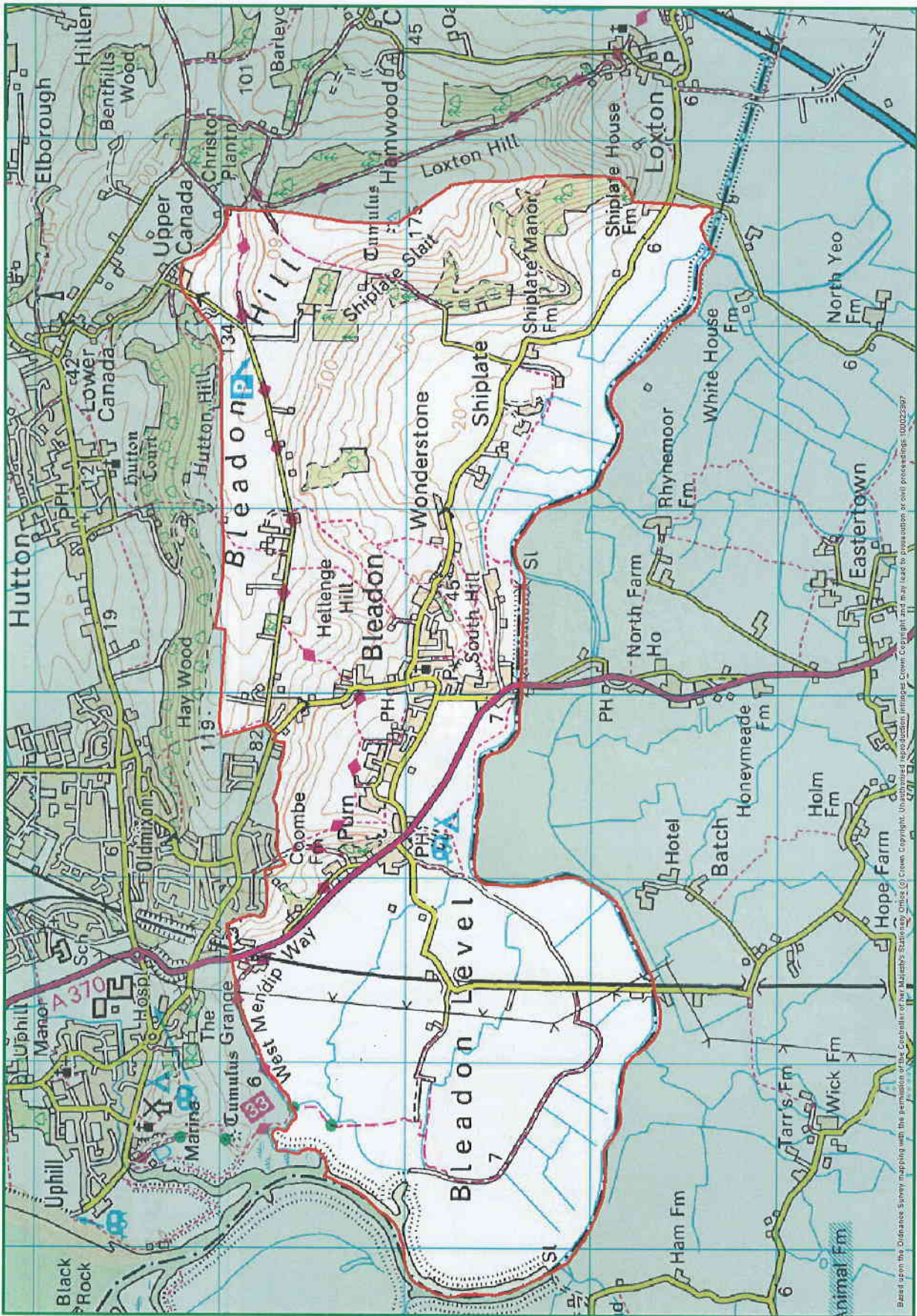
Services that benefit the community

## Bleadon Settlement Boundary



Scale 1:7500





**This map shows the geographic extent of the parish of Bleadon. The red line indicates the parish boundary. The Parish Plan will look at the whole area, not just the developed 'village'.**