



The Henfield Haven

The results of this questionnaire will help The Henfield Haven to gather information on how to develop the centre for the future.

Do you use The Henfield Haven and how often?

- Yes**
- No**
- _____

If yes, please tick what you use the Centre for.

- High Needs day care**
- The Cafe**
- Trips**
- Activities**
(Please specify)

- Support Group**
(Please specify)

- Action for Deafness Clinic**
- Carers Support**
- Treatment**
- Other:** _____

If no, please tell us why.

- _____

What time of the day would you prefer to access services at The Haven?

- Am**
- Pm**
- Evening**

Would you be interested in volunteering at The Haven?

- Yes**
- No**
- Maybe**

If you are interested in volunteering what areas would it be in?

- Helping in the Café**
- Baking for the Café**
- Helping to run a regular activity: Creative/games/Quizzes/Bingo/discussion/computer club/Information and community advice etc.**
- Door to door distribution of materials**
- Gardening**
- Helping the dementia centre customers enjoy their day**
- Entertainment – music/magic etc.**
- Give a talk or demonstration about a passion or interest of yours**
- Other:**

Do you have any other suggestions or ideas for the Haven?

- ---

What is your gender?

- Male**
- Female**
- Prefer not to say**

What age group are you in?

- Under 11**
- 11-18**
- 18- 25**
- 25-40**
- 40-79**
- 80+**

Would you consider yourself to have a disability?

- Yes**
- No**
- Prefer not to say**

What is your Nationality?

Is English your first language?

If you wish to volunteer or be kept up to date with The Haven's activities, please provide your contact details below.

Name _____

Email _____

Phone _____

Address _____

Please return this completed questionnaire to the Café and receive a free tea/coffee drink with our thanks.

If you want to take a questionnaire away with you for your friends and family to complete we would be most grateful. We do need your views so we can continue to develop The Henfield Haven.



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