



FCC Questionnaire

- 1: Name of organisation.....
2. Nature of Activity (i.e. Painting / Fitness class)
3. Which room do you use.....

4. Maximum attendance
5. Average attendance

6. Please indicate the age range of your users, mostly
Under 11..... 11-18..... 18-60..... Over 60..... Mixed ages.....

7. How many of your users are disabled?
- Are you satisfied with the disable access and facilities? Please indicate any special requirements or needs.

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User Satisfaction

8. Do you find the booking service to be efficient and pleasant?

9. Do you find the room to be clean and tidy, carpets, curtains and blinds in good order?

10. How would you rate the centre's present facilities?
Very Poor (1) Poor (2)
Satisfactory (3) Good(4) Excellent (5)

11. Please make any comments regarding additional facilities or resources that you would like to see in the centre.

12. How do you find the facilities in the kitchen?

13. Please add any additional Comments

14. In order to cut down on the amount of paper used we would prefer to send out publications/ updates regarding security door codes etc via email. Please supply us with your current up to date details and let us know your preferred method of contact.

Group Name..... Main Contact.....

Contact No..... Email:.....

Email: Letter/Post: Tel: