



St Albans Community Transport Consultation

Questionnaire

Many thanks for your time in completing this Questionnaire. The information which you provide will aid the development of recommendations which will be presented to the St Albans Local Strategic Partnership. These recommendations will help to enhance and improve community transport in St Albans.

Please send your completed Questionnaires to: Siân Wardhaugh, Peter Brett Associates, Caversham Bridge House, Waterman Place, Reading, Berkshire, RG1 8DN (to be received no later than **18th June 2010**).

Your Name:

Your Organisation or Service Name:

Contact Details: Tel:

Email:

Address:

1.) Where does your community transport service operate? (Please tick & complete map as indicated.)

Is it a Fixed Route? (Please draw the route/s on attached map.)

Is it a Flexible Route? (Please shade in the area/s covered on attached map.)

2.) Roughly how many passengers do you carry during an average week?



3.) Are your current annual passenger numbers:

More than last year

Less than last year

The same as last year

Didn't operate this service last year

4.) What are your operating hours / when is your service available for booking? (Please tick & complete as appropriate.)

Monday Time/s _____

Tuesday Time/s _____

Wednesday Time/s _____

Thursday Time/s _____

Friday Time/s _____

Saturday Time/s _____

Sunday Time/s _____

5.) Who is eligible to use your service? (Please tick all that apply.)

Elderly

Disabled

Youth

Carers & Escorts

Low Income Passengers

People with no access to public transport

Anyone who registers

Other, please specify:



6.) What are the main destinations that you serve? (**Please rank** from 1 to 6 with 1 being the most popular type of destination.)

Doctor appointments	
Hospital appointments or visits	
Shops	
Day Centres	
Employment / work place	
Other, please specify:	

7.) If you operate a Voluntary Car / Driver Scheme, what do you pay your drivers per mile? (Please put N/A in the box if you don't operate a Voluntary Car / Driver Scheme.)

8.) If you operate a Voluntary Car / Driver Scheme, what percentage (%) of drivers **do not** claim their mileage even though they are entitled to? Please estimate if exact % unknown. (Again, please put N/A in the box if you don't operate a Voluntary Car / Driver Scheme.)

9.) If you have a shortage of volunteers and/or have difficulties recruiting volunteers to assist with your Community Transport Operation, which of the following reasons apply? (**Please rank** from 1 to 4, with 1 being the most common difficulty.)

Operating hours unsuitable for many people

Lack of suitable candidates

Amount paid in mileage too low

Other, please specify

No shortage or problem recruiting volunteers



- 10.) Are there areas within service operation where you would like assistance? (**Please rank** all that apply, with 1 being the area where you would like most assistance.)

Finding Volunteers	
CRB checks	
Promotion / Marketing	
Advice on Vehicle Selection & Maintenance	
Insurance advice	
Finding Grant Opportunities	
Disability Training	
Health & Safety	
Other, please specify:	

- 11.) Would your Organisation like to grow existing or develop community transport service in the St Albans area? (Please tick & follow the instructions)

Yes (please answer Q12)

No (Your questionnaire is complete; thank you for your time.)

- 12.) If you answered 'Yes' to Q11, please give reason/s and explanations to the following four questions:

a.) Why is it needed?

b.) What type of service would it be?

c.) What areas would it operate in?

d.) What assistance would you need to grow the service? (e.g. extra volunteers; enhanced booking system; funding; vehicles etc)

Many thanks for your time in completing this questionnaire. END.