

Draft Tenant and Leaseholder Participation Strategy and Action Plan Questionnaire

Wrexham’s draft Tenant and Leaseholder Participation Strategy and Action Plan was developed after consultation with Wrexham Tenants and Residents Federation, Wrexham Tenants Assembly, Wrexham Leaseholders Assembly and Tenant and Residents Associations within the borough.

We now wish to consult with other tenants within the borough and would be grateful if you would take a few minutes to complete this questionnaire and return in the pre paid envelope provided.

The Strategy

1) Can you tell us how easy the Tenant and Leaseholder Participation Strategy is to read?

Very easy	Easy	Not easy

2) If not easy to read please give reasons below.

3) Section 1 lists the aims and objectives of the strategy. Do you agree with the aims and objectives or would you change or add anything to these aims and objectives.

4) Section 3 lists the ways we provide information and what we provide information about. Are these a true reflection?

Yes No

If no please state why?

5) Section 4 lists the ways we consult and what we consult about. Are these a true reflection?

Yes No

If no, please state why?

6) Section 5 details the ways in which tenants and leaseholders can participate with us. If you were to participate with us how would you prefer to participate:-

As part of a group

As an individual

7) Out of the following how would you prefer to participate. (please choose 2)

As part of a group	As an individual	
Tenants' and Residents' Associations	Peoples Champions / Village Voices	
Tenant Panels	E-mail/postal communication	
Wrexham Tenants' Assembly	Text messaging	
Wrexham Leaseholders Assembly	Surveys/Questionnaires	
Review Groups	Website	
Newsletter Editorial Groups	Home visits (where a need is identified)	
Sheltered Tenants Association		
Other Please state:	Other Please state:	

The Action Plan

8) The Action Plan, appendix two, explains how we will make tenant participation happen in Wrexham. After reading it are you clear about the steps we will take to improve tenant and leaseholder participation.

YES

NO

If no, please state why?

9) Do you agree with the actions to develop participation?

YES

NO

If no, please state why?

10) Do you agree with the actions to develop consultation?

YES

NO

If no, please state why?

EQUAL OPPORTUNITIES MONITORING FORM .

Wrexham County Borough Council wishes to monitor the effectiveness of its policies and procedures as part of our strategy for improving customer service and satisfaction. We ask you to provide this information to ensure that our policies are fair to all.

The information you provide is subject to the regulation within the Data Protection Act 1998. The data will only be used by the Authority in complying with the requirement of the National Assembly for Wales in the monitoring of performance indicators. The information you provide on this page will be treated in strict confidence and used for equal opportunities monitoring only. The page will be destroyed and the information only retained on computer.

Please tick (✓) the boxes that best describes you.

Q11. Are you Male

Female

Q12. Which of the following age categories best describes you

16 – 24	<input type="checkbox"/>
25 – 39	<input type="checkbox"/>
40 – 49	<input type="checkbox"/>
50 – 59	<input type="checkbox"/>
60+	<input type="checkbox"/>

Q13. Is English your first language?

Yes

No

If no please tell us your preferred language

Q14. How would you describe your ethnic origin?

White - British - Irish		Black or Black British - Caribbean - African	
Any other White background (please state)		Any other Black background (please state)	
Mixed – White and Black Caribbean - White and Black African - White and Asian		Chinese	
Any other Mixed background (please state)		Any other ethnic group (please state)	
Asian or British Asian - Indian		Roma Gypsy	
- Pakistani		Irish Traveller	
- Bangladeshi			
Any other Asian background (please state)			

Q15. Do you have any long-standing illness, disability or infirmity?

Yes		Deaf/hearing impaired	
No		Having a long term illness	
If yes, are you: (tick all that apply)		Having a mental health problem	
Physically impaired		Having a learning disability	
Visually impaired		Other	

Many thanks for taking the time to complete this questionnaire. Please return in the pre paid envelope provided.