

- Would you be willing to become involved in a local Good Companion scheme by:

Becoming a Volunteer driver using your own vehicle?	Yes	No
Becoming a Volunteer driver using a community transport vehicle?	Yes	No
Becoming a Volunteer helper for individuals with mobility issues?	Yes	No
Willing to car share re. work, social, etc.?	Yes	No

If you have answered Yes to any of the above, full support, advice and any relevant training would be provided.

- Please provide us with an indication, and as an individual, as to how much you would be willing to pay for transport for the following journey. (Please assume a return trip and write £ amount.)

Journey type	£
On a weekday, between 10.00 am and 2.00 pm, to be collected from your home, taken to the local hospital (up to 20 miles) and then returned to your home up to 5.00 pm.	
A daily service in the morning between 7.00 am and 9.00 am to connect with local public transport and returning in the evening between 5.00 pm and 7.00 pm.	
An evening or weekend service to enable you to attend social activities (cinema, youth clubs, etc.)	
A weekly shopping service (Monday to Friday daytime) starting from one or two departure points within Lancing Village and travelling to a local town or supermarket.	
On a weekday, between 9.30 am and 4.00 pm, to be collected from your home and taken to the local GP (up to 5 miles) and then returned to your home.	

Finally, we would thank you for completing this survey and ask that it is returned to:

Lancing Parish Council, The Parish Hall, South Street, Lancing, West Sussex, BN15 8AJ

or email back to: [admin@lancingparishcouncil.gov.uk](mailto:admin@lancingparishcouncil.gov.uk)

**Please return no later than 21<sup>st</sup> June 2019**



## Lancing Parish Council

### Survey on Transport Requirements

This brief survey is being undertaken by Lancing Parish Council to identify the transport requirements of people living in our area, especially as the Compass Bus Service 16 is due to be withdrawn.

Your completion of this survey would be greatly appreciated, and it should be for individuals. For a family home, please complete **one survey form for each individual** as it is important the information covers all age ranges. Extra copies can be obtained from the Parish Council office, website or by emailing [admin@lancingparishcouncil.gov.uk](mailto:admin@lancingparishcouncil.gov.uk).



**About Yourself**

Age  Gender M  F  Post Code

I have a disability  I have mobility problems  I am fully mobile   
 (please indicate by ticking)

Do you need any support when travelling? Yes  No   
 (please indicate whichever applies)

**Your Transport Needs**

**1. What is your current mode of transport?** (Please indicate by percentage of use if more than one transport mode is used.)

Own Car	<input type="text"/>	Public Bus	<input type="text"/>	Walking	<input type="text"/>
Family car	<input type="text"/>	Dial A Ride	<input type="text"/>	Taxi	<input type="text"/>
Friend car	<input type="text"/>	Volunteer car scheme	<input type="text"/>	Train	<input type="text"/>
Cycle	<input type="text"/>	Motorcycle / scooter	<input type="text"/>	Coach	<input type="text"/>

Are you able to access public buses, taxis, cars etc.?	<input type="text"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
--	----------------------	-----	--------------------------	----	--------------------------

(please indicate whichever applies)

How often do you need transport?	Daily	<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Once in a while	<input type="checkbox"/>
----------------------------------	-------	--------------------------	--------	--------------------------	-----------------	--------------------------

(please indicate whichever applies)

**2. Which days do you require regular transport?**

Day	Preferred departure time	Preferred return time
Mon	<input type="text"/>	<input type="text"/>
Tues	<input type="text"/>	<input type="text"/>
Weds	<input type="text"/>	<input type="text"/>
Thurs	<input type="text"/>	<input type="text"/>
Fri	<input type="text"/>	<input type="text"/>
Sat	<input type="text"/>	<input type="text"/>
Sun	<input type="text"/>	<input type="text"/>

Comments:.....  
 .....  
 .....

**3. What is the purpose of your transport needs?**

Hospital/Medical                      Y/N                      Dentist                      Y/N

Shopping                      Y/N                      Sport/Leisure/Social                      Y/N

Other - Please state: .....

.....

**4. What are your main destinations?**

Worthing Town Centre                      Y/N                      Shoreham Town Centre                      Y/N

Worthing Hospital                      Y/N                      Holmbush Shopping Centre                      Y/N

Lancing Village                      Y/N                      Southlands Hospital                      Y/N

Lancing Manor                      Y/N                      Lyons Farm                      Y/N

Sompting (e.g. GP surgery)                      Y/N

Other – Please state: .....

.....

**Information to help us develop a potential transport solution**

- Would you be happy for us to either telephone you or visit you to obtain further detailed information concerning your transport needs? If you are willing, please provide your name, address and telephone number. This information will only be used by Lancing Parish Council in connection with this survey and will not be given to any other organisation or individual.

Name: .....

Address: .....

Telephone number: .....