

Grounds Maintenance Service Standards Phase Three

Phase three applies to Essex Street flats, Hampshire Court and Wiltshire House

Where you live has been chosen as one of our 'pilot areas' on our Housing estates to look at the quality of the grounds maintenance service we provide.

This is your opportunity to tell us about the current service and how the service could be improved.

Please read the instruction for each question before answering.

Please leave blank any questions that you do not wish to answer or do not have an answer for.

Location Where do you live? (please tick one answer) Essex Street flats Hampshire Court Wiltshire House One 1. Overall how satisfied are you with the service? (please tick one answer) Very Satisfied Satisfied Neither Satisfied or Dissatisfied Dissatisfied Very Dissatisfied 2. How would you rate this service out of 10? (please tick one answer) 1.... O 2.... O 3.... O 4.... O 5.... O 6.... O 7.... O 8.... O 9.... O 3. What could we do to make it a ten?

Two

4. How satisfied or dissatisfied are you with the following aspects of the Grounds Maintenance service?

(please tick one answer for each question)					
	Very Satisfied	Satisfied	Neither Satisfied or Disatisfied	Disatisfied	Very Disatisfied
The standard of grass cutting.	\bigcirc	\circ	\bigcirc	\bigcirc	0
The attention paid to shrub bed and flowerbeds.	\bigcirc	\circ	\circ	\bigcirc	0
The attention paid to paths, car parking spaces and garage areas.	0	0	0	0	0
The attention paid to trees.	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\circ
The attention paid to steep bank maintenance.	\bigcirc	\bigcirc	\bigcirc	0	0
The attention paid to litter.	\bigcirc	\circ	\bigcirc	\bigcirc	\bigcirc
5. Are you able to gain a (please tick one answer)	access to	the comm	unal garden	areas?	
Yes) No		O Don't i	have one	
If you have a commu	nal garder	what do	you use the	area for?	
6. Do you know how mu (please tick one answer)	ich you pa	y for the g	rounds mai	ntenance s	ervice?
Yes		O No			

7. Are you satisfied the service represents good value for mor (please tick one answer)		ay towards grou	nds maintenance
Very Satisfied			
Satisfied			
Neither Satisfied or Disatisfied			
Disatisfied			
Very Disatisfied			
Three			
8. Which of the following "en interested in receiving in the following in	uture?	ces" listed belo	ow would you be
	Yes	No	Possibly
Boxed mown grassed area	\bigcirc	\bigcirc	\bigcirc
Raised flower beds	\bigcirc	\bigcirc	\bigcirc
Vegetable garden	\bigcirc	\bigcirc	\bigcirc
Herb garden	\bigcirc	\bigcirc	\circ
Sensory garden	\bigcirc	\bigcirc	\circ
Ornamental garden	\bigcirc	\bigcirc	\bigcirc
Composting area	\bigcirc	\bigcirc	\circ
9. Do you want the communal for conservation? (please tick one answer)	grounds to e	ncourage wildlife	e and be better
Yes O No Any comments?		O Don't Kno	ow

0. Would you like to become involved in the grounds maintenance service standards pilot? (please tick one answer)	
Yes O No)
If so, what would you like to do?	
1. Would you like to be a trained assessor to work with us to monitor the standard of the communal gardening and cleaning services? (please tick one answer)	
∕es ○ No ○ Don't Know ○)
Would you like more information?	
Yes, I would like more information	
2. How would you prefer to receive information about the grounds naintenance service? (please tick all that apply)	
E-mail	
Telephone	
_etter	
Website]
Text]
Private Meeting	
don't want to recieve this information	
3. Would you be happy for us to contact you to discuss any points you have aised in the questionnaire? (please tick one answer)	:
O No	i

Please provide preferred contact details:
Monitoring Information
The City Council provides a wide range of services that affect the daily lives of The city's service users. We are determined to make Council services responsive to the needs of all members of our community.
This means we must take account of the different needs and requirements of people from a variety of backgrounds. We want to make sure that Council policies and practices do not directly or indirectly discriminate against people on the basis of colour, ethnic origin, gender, sexual orientation, age, religion or belief or disability.
In order to turn these commitments into action we must have accurate information on the composition of our service. Therefore, may we have your consent to collect this information from you?
The records collected will be kept confidential and will only be used to enable the Council to monitor the delivery of its services.
Thank you for your cooperation.
Gender: (please tick one answer)
Male
Is your gender identity the same as the gender you were assigned at birth? (please tick one answer)
Vos O No

What age are you? (please tick one answer)

Under 18	
18-24	
25-34	
35-44	
45-54	
55-64	
65-74	
75+	

I would describe my ethnic origin as: (please tick one answer)

White - British	. 0
White - Irish	. 0
White - Gypsy	. 0
White - Traveller	. 0
White - Polish	. 0
White - Portuguese	. 0
White - Other Background	. 0
Mixed - White & Black - Caribbean	. 0
Mixed - White & Black - African	. 0
Mixed - White & Asian	. 0
Mixed - Asian & Black - Caribbean	. 0
Mixed - Asian & Black - African	. 0
Mixed - Other Background	. 0
Asian or Asian British - Indian	. 0
Asian or Asian British - Pakistani	. 0
Asian or Asian British - Bangladeshi	. 0
Asian or Asian British - Other Background	. 0
Black or Black British - Caribbean	. 0
Black or Black British - African	. 0
Black or Black British - Sudanese	. 0
Black or Black British - Other Background	. 0
Chinese	. 0
Turkish	. 0
Arab	. 0
Japanese	. 0
Other Background	. 0
Don't Know	. 0

If there is an ethnic category that is not included here the please tell us what it is:	hat you think should b
Please select the option which best describes your sexual (please tick one answer)	al orientation
Heterosexual	
Bisexual	
Gay	
Lesbian	
Other	
I do not wish to disclose this	
If other, please state:	
Please indicate your religion or belief (please tick one answer)	
Atheist	
Buddhist	
Christian	
Hindu	
Jain	
Jewish	
Muslim	
Pagan	
Sikh	
Other (please state below)	
Other philosophical belief (please state below)	
I have no particular faith	
I do not wish to disclose this	

Other philosophica	l belief, please state:	
Do you consider yours	self to have a disability or long term	limiting condition?
(please tick one answer		
Yes		
(please tick all that appl	egories apply, please mark 'other'. /y)	
Sensory Impairment		
Mental Health Condition	n	
	nculty	
Learning Disability/Diffic		
Learning Disability/Diffic	culty	
Learning Disability/Diffic	culty	
Learning Disability/Diffic Long-standing illness Other	culty	
Learning Disability/Diffice Long-standing illness Other Other, please state:	culty	
Learning Disability/Diffic Long-standing illness Other	culty	

(please tick all that apply)
Parent
Child
Other family member
Partner / Spouse
Friend
Other
Other, please state: