



COMMUNITY FACILITIES - EVIDENCE FOR CONSIDERATION IN THE LITTLE HALLINGBURY NEIGHBOURHOOD PLAN.

DISCUSSION with

FacilityPrimary function.....

Address

Email..... Would you like to be kept up to date with progress of the LHNP YES/NO?

Number of Staff employed at the facility.	
Number of Volunteers who run the facility.	
Number of people using the Facility.	
Age range.	
Catchment area of users.	
What is the most common method of transport to the facility (if known).	
What car-parking facilities are there for staff, visitors and facility users?	
What is the condition and capacity of the building(s)?	
What services are provided on the site / or by the facility?	

Is there a need for additional, or different buildings / or site, to enable continued delivery of community services?	
How many organisations use the facility?	
Is there anything the Neighbourhood Plan could include that would help the facility?	

Completed by.....

Date.....



BUSINESS SURVEY

YOUR BUSINESS

Business Name

Contact Name

Contact Email

Would you like to be kept up to date with progress on the LHNP

Business Address

What products and / or services do you supply

Do you supply products / services in the village?

YOUR PEOPLE

How many people do you employ in Little Hallingbury?

YOUR LOCATION

How long has your business been located in Little Hallingbury?

Do you have adequate parking?

Do you have any problems with Utilities?

Please complete both pages

YOUR OPINIONS

What is positive about having a business in Little Hallingbury?

What is negative about having a business in Little Hallingbury?

How could the Neighbourhood Plan help your business?

Are you aware of anything the Neighbourhood Plan could assist you with?

What would encourage a business to locate or expand in Little Hallingbury?

Thank you for completing our survey.