

House Number: \_\_\_\_\_  
 Officials attending:.....

## SAFER

Does your home have a smoke alarm fitted? Yes ☐ No ☐

**If yes**, does the alarm work (*action: check by official person & advise owner to check weekly*) Yes ☐ No ☐

**If no**, would you like a smoke alarm fitted **free of charge**? Yes ☐ No ☐

Would you like the Fire Service to visit your home to conduct a free home safety assessment? Yes ☐ No ☐

Are you involved in Neighbourhood Watch? (***there is not one currently set up in the area***) Yes ☐ No ☐

If no, would you be interested in learning more about setting up this type of group? Yes ☐ No ☐

Would you join this type of group if one was set up in the area? Yes ☐ No ☐

Are you aware of The Gresty Community Group? Yes ☐ No ☐

If there was a weekly drop-in/information surgery for the neighbourhood at the YMCA would you use it?

Yes ☐ No ☐

If no, any comments

.....

What do you expect from a Community Group?

.....

Do you feel safe going out during the day? Yes ☐ No ☐ NA ☐

.....

Do you feel safe going out at night? Yes ☐ No ☐ NA ☐

.....

Do you feel safe in your home? Yes ☐ No ☐ NA ☐

.....

Have you or are you considering moving from the area? Yes ☐ No ☐

If yes, can I ask why?

.....

## STRONGER

What do you consider the best thing about living in this area?

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What do you consider to be your number one community problem?

.....

.....

## COLD CALLING

***Experience of Cold Callers (people you don't know calling at your home without an appointment)***

In the last 6 months, how often have cold callers been to your door?

Regularly (more than once a week) ☐

Sometimes (at least once a month) ☐

Occasionally (less than once a month) ☐

Never ☐

What kind of cold callers have you had in the last 6 months?

Property repairer's ☐

Sales people ☐

Charity collector's ☐

Other.....

How confident do you feel in managing callers at your door?

Very confident ☐

Fairly confident ☐

Not very confident ☐

Not at all confident ☐

Would you like to receive more information on a No Cold Calling Sticker or the Nominated Neighbour Scheme?  
(pack can either be left or sent to the resident)

Yes ☐ No ☐

## ANTI SOCIAL BEHAVIOUR

Are there any particular problems in your area relating to ASB? For example, noise nuisance, small fires, neighbour disputes, alcohol, young people or adults causing trouble passing through your Neighbourhood or living in your Neighbourhood?

Yes ☐ No ☐

If yes, please give details:

.....

.....

.....

Have you reported ASB before?

Yes ☐ No ☐

If Yes, to whom?

.....

If yes, were you satisfied with the outcome?

Yes ☐ No ☐

If yes, would you like someone to contact you regarding support available?

Yes ☐ No ☐

Is there an underage alcohol problem in the area?

Yes ☐ No ☐

If yes please give details:

.....

.....

Are you aware of the Community Alcohol Partnership (CAP) set up in Crewe South?

Yes ☐ No ☐

What do you expect from the CAP?

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Are there any problems in your local community relating to drugs?

Yes ☐ No ☐

If yes, could you provide details?

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.....

.....

## CLEANER

Are there any problems in your area in relation to litter or fly tipping?

Yes ☐ No ☐

If yes, please give details:

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.....

.....

Are there any problems in your area in relation to graffiti?

Yes ☐ No ☐

If yes, please give details:

.....

.....

.....

Are there any problems in your area in relation to animal fouling?

Yes ☐ No ☐

If yes, please give details:

.....

.....

.....

Do you recycle?

Yes ☐ No ☐

If no, what assistance could we provide to encourage you to recycle?

.....

.....

Which of these recycling containers do you regularly use on the kerbside recycling collection scheme?

Silver (recycling) ☐

Black (general) ☐

Green/Brown (garden waste) ☐



**RESIDENT'S DETAILS:**

Name: .....

Gender:      Male      ☐      Female ☐

Address: .....  
.....  
.....

Post code: .....

Telephone No: .....

Email address: .....

How many adults live in the property? .....

Ages:.....

How many children live in the property? .....

Ages: .....

Is your property:

Privately owned ☐

Private rented ☐

Wulvern/Council ☐

Landlord details *if applicable*: .....  
.....  
.....

How long have you lived at this property?.....