



## Have Your Say.... INSPIRE, INCLUDE, INFORM

To tell us what you think about the proposals to change library services in County Durham please complete this questionnaire and return to the address on the back page. Please ensure your questionnaire is returned by 5pm 29 April 2012, questionnaires returned after this cannot be taken into account. You can also complete online at: [www.durham.gov.uk/consultation](http://www.durham.gov.uk/consultation)

1. In what capacity are you responding? (please tick)

Regular library user  Casual library user  Local resident

Local club  (please specify) \_\_\_\_\_

Local business  (please specify) \_\_\_\_\_

Other  (please specify) \_\_\_\_\_

2. Which library is your local branch? \_\_\_\_\_

3. Do you use a mobile library? Yes  No

if yes please state where \_\_\_\_\_

4. Do you support the new vision for the library service:

'Libraries in County Durham will provide books and access to information and services. They will work with their local communities to ensure that they meet the needs of the people they serve. They will be welcoming, accessible, vibrant and safe places for all.'

Yes  No

5. Looking at page 1 of the summary document do you support the proposed aims of the strategy?

Yes  No

6. Looking at page 1 of the summary document do you support the proposed need for library services?

Yes  No



7. Do you think it would be better to reduce opening hours generally rather than close some libraries?

Yes  No

8. Do you agree that library opening hours should be more consistent across County Durham?

Yes  No

9. Do you agree that town centre libraries should be open longer hours than community libraries?

Yes  No

10. Do you agree with the proposed criteria for those communities who would be served by mobile libraries?

Yes  No

11. Do you agree that local communities should have a say in the opening hours of their local library?

Yes  No

12. Do you have any comments on the proposals including any impact the changes would have on you?



**We'd also like some information about you.**

We want to make it easy for everyone to tell us what they think. Our aim is to be fair and your answers to the following questions will help us find out the views from a wide range of people and understand any differences in the answers of particular groups. Your answers will be confidential and used for this consultation only.

**You only need to answer if you feel happy to do so.**

1. Are you: Male  Female
2. How old are you?
3. Do you consider yourself to be a disabled person? Yes  No   
(This may include any long-standing illness, disability or infirmity which has a substantial effect on your day to day life. Long-standing means it has lasted, or is likely to last, for over a year.)
4. What is your religion or belief?  
 Christian  Muslim  Hindu  Sikh  Jewish   
 Buddhist  None  Other \_\_\_\_\_
5. How do you describe your sexuality?  
 Hetrosexual/Straight  Gay Woman/Lesbian  Gay Man  Bisexual   
 Other \_\_\_\_\_
6. Ethnic Origin

**Please ask us if you would like this document summarised in another language or format.**

العربية (Arabic) (中文 (繁體字)) (Chinese) اردو (Urdu)  
 polski (Polish) ਪੰਜਾਬੀ (Punjabi) Español (Spanish)  
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**03000 261 381**



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