**SURVEY ABOUT YOU AND THE CENTRE**

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| **About You** | |
| Name (optional): | Click or tap here to enter text. |
| Gender: | Female  Male  Prefer not to say |
| Age bracket: | Choose an item. |
| Nationality: | Click or tap here to enter text. |
| Marital status: | Choose an item. |
| Children: | Yes  No  If ‘Yes’, how many: Click or tap here to enter text. |
|  |  |
| City you live in: | Click or tap here to enter text. |
| If you live in Nottingham, which area do you live in? | Choose an item. |
| Profession: | Click or tap here to enter text. |
| Do you work? | Choose an item. |
|  |  |
| **Your interests** | |
| What do you like to do in your spare time? | Click or tap here to enter text. |
| Are you interested in: | Choose an item. |
| Anything else you are interested in: | Click or tap here to enter text. |
| How often do you spend time doing what you love? | Choose an item. |
| How do you usually choose a new activity? | Choose an item. |
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| **About the new Brazilian Cultural Centre** | |
| Do you like the idea of a new Cultural Centre? | Yes  No  Indifferent |
| What do you think the Centre should offer? Tick as many as you like. | Music  Art  Cinema/Film  International Guests  Kids Cultural Club  Social events  Celebration/Traditional Events  Gigs  Shows  Gatherings  Carnival  Dance classes  Performances  International guest artists  Opportunities for like-minded people to meet  Information on local Brazilian services  Annual Calendar of events  Food/Drinks bazaars  What else would you like the centre to provide? Click or tap here to enter text. |
| Would you be interested in do voluntary work for the centre? | Yes  No |
| How would you see yourself helping the centre? | Click or tap here to enter text. |
| What would you say is the purpose of a Cultural Centre? | Click or tap here to enter text. |
| When the centre is up and running, would you like to spend time there and get involved? | Yes  No  Maybe  How often? Click or tap here to enter text. |
| Would you be willing to become an annual member to help support the centre? | Yes  No  Maybe, depends on how much it would cost |
| How much do you think would be acceptable for you to become a member? | Choose an item. |
| If you were a member, what would you expect to get with your membership? | Choose an item. |
| Any other comments you would like to share with us? | Click or tap here to enter text. |
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| **Disability** |  |
| The Equality Act 2010 generally defines a disabled person as someone who has a mental or physical impairment that has a substantial and long-term adverse effect on the person’s ability to carry out normal day-to-day activities. | |
| Do you consider yourself to have a disability according to the definition in the Equality Act? | Yes No  Prefer not to say |
|  |  |
| **Ethnic Group** | |
| What is your ethnic group? | Click or tap here to enter text. |
|  | |
| **Religion or Belief** | |
| What is your religion or belief? | Click or tap here to enter text. |
|  |  |
| **Sexual Orientation** | |
| What is your sexual orientation? | Choose an item. |
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**Thank you for taking the time to complete this survey!**