

Development Questionnaire

Entrust Care Partnership are developing their services to offer further support for young people and adults with additional needs/disabilities. We would like to gather your views on the type of help and support that you would like to see/be made available/find helpful and we would be grateful if you would spend just a few moments answering the questions below. Thank you.

1. When would you like to access support? (Please tick all that apply)

Mornings	()
Afternoons	()
Full days	()

2. If there is a specific day(s) please specify_____

3. How would you most like to access this support?

Group/Social Groups	()
Work experience type opportunities	()
One 2 One	()
Other (Please specify) _____	

4. Please tell us for how many days you would like this support each week.

1-2 days	()
3-4 Days	()
5-6 Days	()
7 days a week	()

5. Please tell us how many hours per session you would be looking to access

1-2	()
2	()
2-3	()
4	()
Over 4 hours	()

6. How would you fund the support?

Self-funding	()
Using a Direct Payment/Individual Budget	()
Would be unable to fund	()
Other (Please specify) _____	

7. Do you currently receive Direct Payments

Yes	()
No	()
Currently being assessed	()

8. Please tell us about any support you currently access.

9. Is there anything else you would like to tell us that we have not asked?

10. If you would like to receive information about our organisation, explore accessing support through us, please give us your name and contact details below and we will contact you directly to explore further.

Name

Address

Contact phone Number

Email

If you are completing the questionnaire on behalf of a young person/adult who you would like to explore support for, it would be helpful for us to have some initial information:

Name

Age

Any additional initial information
