

QUESTIONNAIRE



The purpose of this questionnaire is to review and determine what members actually want and expect from CSG

Name:	Telephone Number:
Organisation:	
Are you currently a member of CSG?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been a member of CSG?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to remain on CSG's Mailing List?	<input type="checkbox"/> Yes <input type="checkbox"/> No

A. CSG initiatives.		
Do you attend Quarterly Meetings?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	If no please give reason:	
Do you attend Practical Workshops?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments welcomed:	
Are the topics usually relevant to you and your organisation?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	If no what topic(s) would you like covered?	
Have you received the CSG Newsletter?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments welcomed:	
Have you visited the CSG website www.csq.org.uk ?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments welcomed:	

QUESTIONNAIRE

B. What can CSG do for you?

How would you like CSG to support you in the future?		
	Regular meetings	<input type="checkbox"/>
	Practical workshops	<input type="checkbox"/>
	Helpdesk	<input type="checkbox"/>
	Resources online	<input type="checkbox"/>
	Specialist/Practical help	<input type="checkbox"/>
Given the choice where would you prefer meetings to be held (Tick Box)		
London	<input type="checkbox"/>	Birmingham
<input type="checkbox"/>	<input type="checkbox"/>	Bristol
<input type="checkbox"/>	<input type="checkbox"/>	Manchester
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Do you require assistance or training for any of the following?

(Answers will help us identify topics for future member workshops, training resources and the type of information to include on the CSG website)

Topic	Assistance	Training	Topic	Assistance	Training
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1 Health and Safety Policies	<input type="checkbox"/>	<input type="checkbox"/>	2 General Risk Assessments	<input type="checkbox"/>	<input type="checkbox"/>
3 Managing Health & Safety	<input type="checkbox"/>	<input type="checkbox"/>	4 Fire Safety (inc Assessments)	<input type="checkbox"/>	<input type="checkbox"/>
5 Hazardous Substances	<input type="checkbox"/>	<input type="checkbox"/>	6 Moving & Handling	<input type="checkbox"/>	<input type="checkbox"/>
7 Computer Safety (DSE)	<input type="checkbox"/>	<input type="checkbox"/>	8 Public Safety	<input type="checkbox"/>	<input type="checkbox"/>
9 Vulnerable Persons	<input type="checkbox"/>	<input type="checkbox"/>	10 Work Equipment	<input type="checkbox"/>	<input type="checkbox"/>
11 Work Environment	<input type="checkbox"/>	<input type="checkbox"/>	12 H&S and Volunteers	<input type="checkbox"/>	<input type="checkbox"/>
13 Lone Workers (inc Off Site)	<input type="checkbox"/>	<input type="checkbox"/>	14 Personal Safety (Violence)	<input type="checkbox"/>	<input type="checkbox"/>
15 Stress	<input type="checkbox"/>	<input type="checkbox"/>	16 Accident Reporting/Analysis	<input type="checkbox"/>	<input type="checkbox"/>
17 Food Safety/Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	18 Charity Shops	<input type="checkbox"/>	<input type="checkbox"/>
19 Charity Events (Fundraising)	<input type="checkbox"/>	<input type="checkbox"/>	20 Health & Safety Law	<input type="checkbox"/>	<input type="checkbox"/>

Please enter your TOP FIVE topics in order of preference in the boxes below

1		2		3		4		5

Please enter any other topics where assistance or training might be required:

	Assistance/Training		Assistance/Training
	Assistance/Training		Assistance/Training

QUESTIONNAIRE

D. About your organisation	
What is your organisation's main 'business' function?	To help people from the confectionery industry through welfare and financial support
Is it located on more than one site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If located on more than one site is the organisation	Regional <input type="checkbox"/> UK wide <input type="checkbox"/>
Does your organisation employ a safety specialist?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If a safety specialist is not employed where do you get H&S advice?	
Does your organisation have a LAPS agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, with which local authority	
Would you be willing to take part in a more detailed questionnaire about your organisation's health and safety arrangements?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have any comments or suggestions?
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Thank you for completing this form. Please enter your email address below for future correspondence.

My email contact address is: _____