



Ref. No. «Ref_No»

Cambridge Southern Fringe Survey

We would be grateful if you would take the time to complete this survey on behalf of your household. It is entirely confidential, but feel free to leave out any questions you do not wish to answer. Please submit your replies online: http://www.smartsurvey.co.uk/s/***** or in the **pre-paid envelope provided**, one per household, by **20th June**. The survey is printed double-sided, two pages to one, to minimise costs. If you would like a larger print copy or have queries about the survey please phone Cambridgeshire County Council on: 0345 045 5212.

Section 1: Your previous home

1. Where did you move from?

Last permanent residence (only include stays of more than 6 months)

Please provide:

The city, town or village _____

The county _____

The full postcode _____

The country (if overseas) _____

2. Was your last property:

Owned by you (outright or with a mortgage)	<input type="checkbox"/>	Rented from family/friends	<input type="checkbox"/>
Rented from a private landlord	<input type="checkbox"/>	Discounted/low cost ownership	<input type="checkbox"/>
Rented from your employer	<input type="checkbox"/>	Shared ownership/shared equity*	<input type="checkbox"/>
Rented from a Local Authority	<input type="checkbox"/>	Key worker (owned or rented)	<input type="checkbox"/>
Rented from a Housing Association	<input type="checkbox"/>	Living with parents/family	<input type="checkbox"/>
Other (<i>please specify</i>) _____			<input type="checkbox"/>

3. What were your main reasons for wanting to move from your previous home? Your reasons for choosing *this* location will be asked later. *Please tick as many boxes as apply.*

To be nearer job/new job	<input type="checkbox"/>	Wanting to set up own home	<input type="checkbox"/>
To be nearer family/friends	<input type="checkbox"/>	To be nearer to children's school	<input type="checkbox"/>
Unhappy with environment/quality of life	<input type="checkbox"/>	To move into school catchment	<input type="checkbox"/>
Unhappy with aspects of previous home/locat	<input type="checkbox"/>	To find a larger or smaller home	<input type="checkbox"/>
Other (<i>please specify</i>) _____			<input type="checkbox"/>

Section 2: Your current home

4. When did you move into this property? Year Month

5. Is your property:

Owned by you (outright or with a mortgage)	<input type="checkbox"/>	Discounted/low cost ownership	<input type="checkbox"/>
Rented from a private landlord	<input type="checkbox"/>	Shared ownership/shared equity*	<input type="checkbox"/>
Rented from your employer	<input type="checkbox"/>	Key worker (owned or rented)	<input type="checkbox"/>
Rented from a Housing Association	<input type="checkbox"/>	Rented from family/friends	<input type="checkbox"/>
Other (<i>please specify</i>) _____			<input type="checkbox"/>

*e.g. part owned and part rented from a Housing Association

6. Are you the first people to live in this property Yes No Don't know

7. Is your property:

- Detached Terraced
- Semi-detached Flat/apartment/maisonette
- Other (please specify) _____

8. How many bedrooms does your property have?

9. What was your main reason for choosing to move to this location rather than elsewhere in the area? *Please tick as many boxes as apply.*

- To be nearer to job To be nearer to shops/services
- To be nearer to family/friends Design/appearance of property/development
- Better public transport links than other locations in the area Price compared to other locations in the area
- To be nearer to children's school Easier to buy new property from developer
- To move into school catchment Like idea of living in a new development
- Other (please specify) _____
- Health

10. Did your household change when moving from your previous to your current home? *For example did you move from a shared student house or from living with family / friends to set up your own home – if you reply yes, please provide brief details in the space provided*

No Yes _____

11. Do you see yourself living at this property:

- Less than 6 months from now Between 5 and 10 years from now
- Between 6 months and 1 year from now More than 10 years from now
- Between 1 and 3 years from now Not sure
- Between 3 and 5 years from now

Section 3: Your household

12. How many people who normally live at this address are aged:
(students should only be included if they live here during term time)

	17 and under	18-19	20-24	25-29	30-44	45-59	60-64	65-74	75+	Total
Male										
Female										

13. Please give the dates of birth of all those aged 17 and under:

	Month	Year	Which childcare, nursery, school or college (if any) do they attend?
1 st child			_____
2 nd child			_____
3 rd child			_____
4 th child			_____
5 th child			_____

14. What is the first language spoken in your household?

15. Which country were you born in?

16. What is your ethnic group?

Please write the **number** of people in your household who belong to each ethnic group.

White: British	<input type="checkbox"/>	Asian or Asian British: Bangladeshi	<input type="checkbox"/>
White: Irish	<input type="checkbox"/>	Asian or Asian British: Chinese	<input type="checkbox"/>
White: Roma/Gypsy	<input type="checkbox"/>	Asian or Asian British: Indian	<input type="checkbox"/>
White: Traveller of Irish Heritage	<input type="checkbox"/>	Asian or Asian British: Pakistani	<input type="checkbox"/>
White: Other	<input type="checkbox"/>	Asian or Asian British: Other Asian	<input type="checkbox"/>
Mixed: White and Black Caribbean	<input type="checkbox"/>	Black or Black British: Black Caribbean	<input type="checkbox"/>
Mixed: White and Black African	<input type="checkbox"/>	Black or Black British: Black African	<input type="checkbox"/>
Mixed: White and Asian	<input type="checkbox"/>	Black or Black British: Other Black	<input type="checkbox"/>
Mixed: Other	<input type="checkbox"/>	Other ethnic group	<input type="checkbox"/>
Other Traveller	<input type="checkbox"/>		

Section 4: About your work, study and travel

17. How many motor vehicles are available for use by your household?

None One Two Three Four or more

Please give the following details about each person aged 17 and over in your household.

18. Employment circumstances. For each person, please only select the box which most applies.

Part time = under 30 hours a week Full time = 30 or more hours a week.

	Self-employed	Employed full time	Employed part time	Seeking work	Full time education	Look after home/family	Permanently sick/disabled	Retired
Person 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Where do they work/study?

For each person, please write the town and postcode of their main place of work/study.

If they work at or from home write 'home'. If they have no fixed workplace write 'various'.

If they don't work or study write N/A.

Person 1	Town _____	Postcode _____
Person 2	Town _____	Postcode _____
Person 3	Town _____	Postcode _____
Person 4	Town _____	Postcode _____
Person 5	Town _____	Postcode _____

For each person, please write the name of their main employer or their school/college.

Person 1 _____

Person 2 _____

Person 3 _____

Person 4 _____

Person 5 _____

20. What is the full title of their main job?

For example, primary school teacher, car mechanic, district nurse, aircraft engineer.

Person 1 _____

Person 2 _____

Person 3 _____

Person 4 _____

Person 5 _____

21. How do they travel to work/study?

Please select the means of travel used for the longest part, by distance, of their usual journey to their main place of work or study.

	Walk	Cycle	Bus	Car alone	Car share	Train	Park and ride	Other (please specify)
Person 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 5: About you and your other activities

22. In which town does your household do its main non-food shopping, such as clothes, shoes, electrical goods? _____

23. Which doctor's surgery/health centre is your household registered with?

If more than one applies, please list all applicable. Please omit students living away from home.

24. Have you or your household members joined any community or voluntary organisations or clubs or attended any local events since moving to this area? Please provide details below.

Organisation, Club or Event Attended

Location and full postcode

25. Overall, how satisfied or dissatisfied are you with your local area as a place to live?

(Please select the box that most applies to you and your household)

Very satisfied Fairly satisfied Neither satisfied Fairly dissatisfied Very dissatisfied Don't know

nor dissatisfied

26. Generally, how satisfied or dissatisfied are you with the local services and amenities in your local area? (Please select the box that most applies to you and your household)

Very satisfied Fairly satisfied Neither satisfied Fairly dissatisfied Very dissatisfied Don't know

nor dissatisfied

What are you most satisfied with? _____

What are you most dissatisfied with? _____

27. How strongly do you feel that you are part of your local community?

(Please select the box that most applies to you and your household)

Strongly agree Agree Not sure Disagree Strongly disagree

28. If you would be willing to take part in a focus group to explore the issues covered in further detail please provide a contact email address: _____

Data Protection: The information you are providing will assist informing Cambridgeshire County Council and Cambridge City Council in the provision of services and will be held in accordance with data protection legislation. Further information about how we collect and use personal data, and your rights around this, can be found at www.cambridgeshire.gov.uk/privacy & www.cambridge.gov.uk/data-protection-policy or can be provided on request. By returning your completed survey to us you confirm you are happy for your response to be used in the analysis and results.