Antrim Children and Young People's Locality Group, aims to improve services available to children and young people living in the Antrim area. To do this we need to find out from YOU about what life is like for you where you live?

QUESTIONNAIRE FOR YOUNG PEOPLE LIVING IN THE ANTRIM AREA
Some Questions about you?

What Age are you: [ ] Years

Do you have any disabilities?

[ ] No
[ ] Yes

If yes, please state

Which town / village do you live closest to in the Antrim area?
Some questions about what is available for you where you live.

1. Do you think there are things to do for your age group where you live?
   - Yes
   - No

1a. If yes write on the arrows what you like to do?

If no write on the box below what you would like to do?
2. What do you think of the facilities available to young people living in the Antrim area?

3. Have you any ideas how the facilities could be better?
4. Tick below what would encourage you to attend a youth facility?

- Being with friends your age
- Fun activities
- Somewhere just to go and relax
- Something to do
- To learn about things
- Trips away
- The Youth Leader
- Developing Skills

Other, please write in the box below
5. Tick below the things that you like do where you live?

- Cinema
- Shopping
- Hanging out with friends
- Leisure Centre / swimming pool
- Band
- Doing things with family
- Playing sport
- Youth clubs
- Church based Uniformed groups
- Young Farmers Association

Other, please write in the box below

[Blank box for handwriting]
5. Write on the balloon your hopes and wishes for the future?
7. What do you think young people living in the Antrim area are worried about?

7a. How do you think this could be solved?
8. Do you think young people living in the Antrim area should be involved in decisions that affect their services?

- No
- Yes

If Yes, How do you think young people should be involved in decisions that affect their services?
If you are interested in Having Your Say about things where you live, or just want to let us know what you think about services tick the box below and write your name, address and contact details.

☐ Tick if you would like to be involved further in the planning and delivery of services in the Antrim area.

Contact details:

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<tr>
<th>Name</th>
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<tr>
<td>Address</td>
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Thank you for your time in the completion of this Questionnaire

For further details regarding this Questionnaire or to find out more about Children’s Services Planning please contact:

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