





ACTIVE CITIZENS TOGETHER (ACT) PROJECT
Participants' views after the session

Name: _____ Date: _____

Please tick the boxes below:

| | Yes  | A bit  | Not much  | No  |
|---|---|--|--|--|
| 1. I know what being an active citizen means | | | | |
| 2. I know how I can get involved in activities to make me a more active citizen | | | | |
| 3. I want to get involved in activities to improve life in my neighbourhood | | | | |
| 4. I would like someone to show me how to get involved in my neighbourhood | | | | |
| 5. I want to vote in the next elections | | | | |