





ACTIVE CITIZENS TOGETHER (ACT) PROJECT

Participants' views before 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				

PLEASE TURN OVER

Active Citizens Together (ACT) Project: About you. This will be confidential.

Which passport(s)/I.D do you hold?	(Please tick below) ✓
	Latvian
	Lithuanian
	Polish
	Portuguese
	Romanian
	Spanish
	Other – please say here:
What is your gender?	Male
	Female
What is your age?	16 - 24
	25 - 30
	31 - 35
	36 - 40
	41 +
How long have you lived in the UK?	Less than one year
	1-5 years
	6-10 years
	More than 10 years
Do you have any children in local schools?	Yes
	No
Have you registered to vote in the UK?	Yes
	No
Would you like a mentor who could show you ways to become a more active citizen?	Yes
	No
Would you like to be a member of our active citizens' network, with other people like you, and receive more information about our events and opportunities? (There is no cost)	Yes
	No