

## **Bucks Good Neighbour Scheme Chesham and the Surrounding Villages Questionnaire**

Our experience of working with and in the community means that we are very aware of a growing need to support individuals who still live in their own homes, but who find it a struggle to manage many things that younger, mobile and healthy people take for granted.

If you are either **(a)** over 60 years of age and need some extra support or **(b)** anyone who may like to volunteer as a 'good neighbour', please complete this questionnaire and return to us.

Please tick the 'yes' box if this is a service which you would find beneficial; with some services, where transport by car is provided by a volunteer, they would expect to be reimbursed for their petrol costs and any car parking charges.

Volunteers, please tick any box where you may be willing to help as a Good Neighbour Scheme volunteer in Chesham and the surrounding villages.

If you have any queries please contact the GNS Facilitator, Judy Vivis, on 07826 416439 or 01296 431911

### **Help with Transport**

### **Over 60s**

### **Volunteers**

- |  |                              |                             |                          |
|--|------------------------------|-----------------------------|--------------------------|
| 1) Be taken shopping                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 2) Have your prescription or pension collected | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 3) Lift to doctor, dentist or hospital         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |

### **Social Outings**

- |   |                              |                             |                          |
|---|------------------------------|-----------------------------|--------------------------|
| 4) Be taken out, for example garden centre, coffee morning, pub lunch, lunch club | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 5) Do you have access to a library?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 6) Would you like to have access to a library service?                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |

### **Household Help**

- |   |                              |                             |                          |
|---|------------------------------|-----------------------------|--------------------------|
| 7) Help with grass cutting or gardening | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 8) Help with light housework / ironing  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |

### **Caring**

- |  |                              |                             |                          |
|--|------------------------------|-----------------------------|--------------------------|
| 9) More help for you as a carer, such as a sitting service / relief care | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
|--|------------------------------|-----------------------------|--------------------------|

**Crime Prevention**

**Over 60s**

**Volunteers**

10) Help to make your home secure, for example locks on doors & windows, key safes, etc.  Yes  No

11) Help with DIY tasks around your home  Yes  No

**Information & Advice**

12) One Contact Point when you want help or need to know where to go to get help  Yes  No

13) A Contact Point in your own community where you can get direct help or information  Yes  No

**Home Safety**

14) A check to make sure your home is safe and secure, for example smoke alarms, electrical equipment etc.  Yes  No

15) Look at equipment you might need, for example grab rails, bath lifts.  Yes  No

Are there any additional services you may need to help you to live independently in your own home?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ Email: \_\_\_\_\_

What age group are you?

20 – 29 yrs       30 – 39 yrs       40 – 49 yrs

50 – 59 yrs       60 – 69 yrs       70 – 79 yrs

80 – 89 yrs       Over 90 yrs

Do you live alone?  Yes  No

Are you a carer?  Yes  No

When you have completed this form you can either deliver it to The Town Clerk, Town Hall, Chesham, Bucks HP5 1DS (accessed from Catlings car park or on foot from the High Street via Baines Walk) or post it directly to Age Concern Bucks, 145 Meadowcroft, Aylesbury, Bucks HP19 9HH

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