**SURVEY – Your Church, Your Say**

We invite you to take a few minutes to tell us what you think is important about your church and what you would like to see happening over the next 5 years or so. It is important that we hear from everyone, not just regular church-goers. The surveys are anonymous but results will be made public. Please consider the following questions and give us your views, which will help to inform our vision for the future of your church. Thank you.

*\*Required*

**1. How often do you attend your church? \***

|  |  |
| --- | --- |
| [ ]  Daily | [ ]  For special services only e.g. Remembrance; Easter, Christmas Eve and Christmas Day |
| [ ]  Weekly | [ ]  For personal services e.g. Baptisms, Weddings, Funerals |
| [ ]  Monthly | [ ]  Never |

**2. How relevant do you feel your church is to you? (please circle)\***

Not at all relevant 1 2 3 4 5 Very relevant

**3. What do you think could be done to make your church more relevant to you?**

**4. Please tick up to 5 things that you value most about your church: \***

|  |  |
| --- | --- |
| [ ]  A focus for community events | [ ]  A peaceful, spiritual place for quiet contemplation and meditation |
| [ ]  A beautiful historic building | [ ]  Promotes Christian values |
| [ ]  A place to worship God | [ ]  Friends, family and fellowship |
| [ ]  Part of our culture and heritage | [ ]  Provides a sense of stability in a changing world |
| [ ]  Promotes a sense of belonging | [ ]  Offers opportunities to explore and deepen faith |
| [ ]  A place to celebrate life's events - baptisms, marriages, end of life | [ ]  Provides practical help where needed |
| [ ]  Music and performance | [ ]  Includes activities for young families |
| [ ]  A warm welcome | [ ]  Other: |

**5. What concerns you most about your church?**

**6. What do you believe are the community’s most pressing needs?**

**7. Name up to three changes you would like to see happen at your church in the next 5 years?**

**8. About you**

It would help our understanding of your responses, if you could please tell us:

**8a. Where you live \***

**8b. Your gender and age**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Under 16 | 16-25 | 26-45 | 46-65 | 66 and over |
| Male |  |  |  |  |  |
| Female |  |  |  |  |  |
| Prefer not to say |  |  |  |  |  |

**Thank you for responding to this survey**

If you have completed the survey online, please don't forget to SUBMIT your responses by clicking the button below.

If you have completed a paper copy, please **XXX.**

If you would like to discuss this survey and how the responses will be used, please call **XXX.**

**All are invited to a Vision XXX so please SAVE THE DATE!**

More details to follow.