**Meeting up and sharing your thoughts**

1. **Tell us about yourself**

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| *E.g. Do you have a family? What’s your job? How long have you been a SHAL tenant? What are your hobbies, interests and skills?* |

1. **What would you like to talk about?**

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| *E.g. Have you attended groups like this before? What would you like to know about SHAL? If there was one thing SHAL could do better/differently what would it be?* |

1. **What days and times are normally best for you to meet up?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Mon | Tue | Wed | Thu | Fri | Sat | Sun |
| all day  am  pm  evening | all day  am  pm  evening | all day  am  pm  evening | all day  am  pm  evening | all day  am  pm  evening | all day  am  pm  evening | all day  am  pm  evening |

|  |
| --- |
| *Further information* |

1. **Are you able to travel to attend a meeting (including to another town if required)?**

Yes  No

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| --- |
| *Further information* |

1. **Would you need any venue to be on the ground floor or easily accessible by wheelchair?**

Yes  No

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| --- |
| *Further information* |

1. **How would you prefer to be contacted about meeting up?**

Phone call  Text  Email  Letter

Thank you!

Name: Name

Address: Address