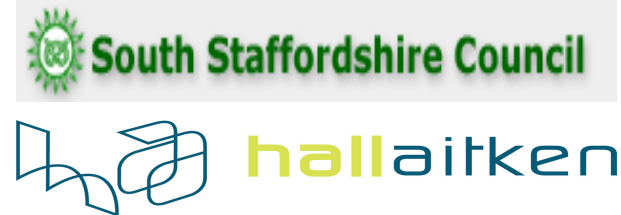


# SOUTH STAFFORDSHIRE COUNCIL PLAYING PITCH ASSESSMENT TOWN / PARISH COUNCIL QUESTIONNAIRE



NAME OF SCHOOL / COLLEGE \_\_\_\_\_

CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

***NB. IF YOUR COUNCIL DOES NOT HAVE ANY PLAYING FIELD OR SPORTS FACILITIES, PLEASE CROSS THROUGH THE BOXES AND RETURN THE QUESTIONNAIRE IN THE FREEPOST ENVELOPE.***

1. Please complete the following tables to record information about the sports pitch facilities owned or managed by the Council.

Type of Pitch	Number of pitches	Site name and Address	Is there secured community use* of the pitches?  YES/NO	If there is community use, which teams use the facility?  Please state name, age group and whether male or female.	Day and time of community use e.g Sat p.m
Football: Mini Soccer (U7-U10; 7-a-side)					
Football: Junior (11-a-side)					
Football: Senior (Adult)					
Rugby Union					
Rugby League					
Cricket Pitch					
Full Size (11-a-side) Synthetic Grass Pitch Floodlit – Yes/No					

\* a written usage agreement / hire arrangements must be in place for a facility to be described as having secured community use.



Facility	Cost per hour / match	Includes use of changing rooms? YES / NO	Quality of pitch facilities**					Quality of changing rooms					Comments	
			Excellent	Good	Average	Below Average	Poor	Excellent	Good	Average	Poor	Very Poor		NO CHANGING
Full Size (11-a-side) Synthetic Turf Pitch														
Multi-Use Games Area / Court														
Tennis Courts														
Bowling Greens														
Permanent Athletics Track														

3. If you rated the quality of changing facilities as Poor or Very Poor, what is the main reason for this?

Unsuitable for community use

Poor number of changing rooms

Poor shower facilities

Too small

Outdated

Lack of segregation (e.g communal showers serving all changing rooms)

Other: Please state: \_\_\_\_\_

4. Are there any current plans to improve the Councils sports facilities in the future? (If Yes, please describe briefly what is planned)

a) What new / additional provision will the improved facilities consist of?

\_\_\_\_\_

b) Are these facilities additional to current facilities provided, or are they new facilities to replace existing ones?

New additional facilities

Replacement Facilities

c) When will the project be completed? \_\_\_\_\_ d) How is the project being funded? \_\_\_\_\_

