



Please help us!

Quench Arts is currently planning an application to the Big Lottery Fund to expand Musical Connections. Musical Connections is an established creative music making project for vulnerable, isolated and disabled adults with specific needs, including mental health service users. The project uses music making activities to build confidence, resilience and life skills, improving wellbeing and reducing isolation.

We are asking people who might benefit from the project in the future to complete this questionnaire. We want to know if Musical Connections can help more people and, if so, how it can address your needs. Your views will really help us to shape the project and evidence whether there is a need. You can either fill in this form and send it back to us, free of charge, in the post to FREEPOST QUENCH ARTS or you can complete it online: <http://tinyurl.com/musicalconnections>

Thank you for your time!

** optional*

Name* :

Age* :

Postcode* :

Are you: Employed? In training?

Email* :

Would you consider yourself to be/have any of the following? (Tick all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Isolated | <input type="checkbox"/> Vulnerable | <input type="checkbox"/> Mental health service user |
| <input type="checkbox"/> Physical disability | <input type="checkbox"/> Sensory impairment | <input type="checkbox"/> Learning difficulty |
| <input type="checkbox"/> None | <input type="checkbox"/> Other (please specify): | |

Do you receive any help from a professional/family member/friend? (Tick all that apply)

- | | | | |
|---------------------------------------|--|---|------------------------------------|
| <input type="checkbox"/> Counselling | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Support Worker | <input type="checkbox"/> Home Help |
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> Doctor | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Day Centre | <input type="checkbox"/> Support Group | <input type="checkbox"/> Family Member/Friend | <input type="checkbox"/> None |

Do you feel that your physical or mental health affects your ability to:

- | | | |
|---|------------------------------|-----------------------------|
| -play an active part in your community? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| -access training and development? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| -improve your life skills? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| -have/progress in your hobbies? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| -make friends? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Do you currently attend any support groups or networks? Yes No

If so, please detail.....

Are these support groups specifically related to your condition? E.g., are there only people with your condition there? Yes No Sometimes

Do you think there a gap in provision offered where you meet a mixture of people with different needs? Yes No

Are there currently any opportunities or support available to you to help you bridge the gap to access mainstream activities? Yes No

What barriers do you experience in accessing mainstream activities in the community?:

- | | | |
|---|--|--|
| <input type="checkbox"/> Venue not accessible | <input type="checkbox"/> Activities not accessible | <input type="checkbox"/> Lack of self confidence |
| <input type="checkbox"/> Don't know anyone | <input type="checkbox"/> Too expensive/Can't afford it | <input type="checkbox"/> Times unsuitable |
| <input type="checkbox"/> No support available | <input type="checkbox"/> No-one to talk to beforehand | <input type="checkbox"/> Travel issues/Not local |
| <input type="checkbox"/> Feel unwelcome | <input type="checkbox"/> I feel I would encounter prejudice/discrimination | |
| <input type="checkbox"/> None | <input type="checkbox"/> Other (please specify)..... | |

Do you currently access any creative or music activities? Yes No

If yes, please state what you do:.....

If yes to the above, do you write your own music/lyrics in these sessions? Yes No

Would you like to get involved in a music project like Musical Connections?

- Yes No Maybe

What difference could an accessible music project like Musical Connections make to you or people like you? How could it help? (Tick all that apply)

- I could say things through music that I can't say otherwise
- It could make me realise what I'm capable of achieving
- It could make me more confident
- It could allow me to express myself
- I could make new friends through music
- It could get me out of the house
- It could open up new opportunities for me
- It could give me new musical skills
- It could give me new social skills
- It could give me new personal/life skills
- It could help me to become more independent
- Other (please specify).....

In the future, would you be interested in progressing to volunteer opportunities?

- Yes No Maybe

Would you like to be added to the Musical Connections mailing list to hear about new opportunities in the future? Yes No

Do feel free to visit our project website at www.musicalconnections.info to find out more about the project and listen to music created by members.

Thanks for your time in completing this form. For more info about Quench Arts, please see:

www.quench-arts.co.uk

www.twitter.com/Quench_Arts

www.facebook.com/Quench.Arts.3