Community Ownership in South Ribble

Overview

The purpose of this survey is to assess the level of knowledge regarding community ownership (cooperatives, community interest companies and community benefit societies) in the borough. It aims to highlight areas that could benefit from cooperative development and support.

Community Ownership in South Ribble

This survey is to help us to understand the knowledge of community ownership in the borough and highlight any areas that could benefit from the development of cooperatives, CICs or CBSs.

1 How familiar with the concept of community ownership and/or cooperatives are you? (i.e. worker cooperatives, community interest companies, community benefit societies)
(Required)
Please select only one item
Not familiar at all Not familiar
Neutral Neutral
Familiar
Very familiar
If yes, please explain
2 Are you aware of any community owned businesses (either locally or nationally)?
(Required)
Please select only one item
Yes
○ No
If yes, please list
3 Have you ever been involved in a community owned business?
(Required) Please select only one item
Yes
○ No
If yes, please explain
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What do you think are the most important challenges facing our community?
Select all that apply
(Required) Please select all that apply
Economic inequality Social exclusion
Environmental
Poor health and wellbeing
Lack of access to education and training
Other
Please expand
5 Thinking about your previous answer, what businesses or services do
you think your community needs?
(Required)
6 If there was an opportunity to join/start a community owned business in those areas, how likely would you be to join one?
(Required) Please select all that apply
Very unlikely
Unlikely
Neutral
Likely
Very likely
7 Have you ever considered starting your own business?
(Required)
Please select only one item
○ Yes
○ No
If yes, what business did you consider?
Please select all that apply
Retail
Food and Beverage
Service
Manufacturing
Technology
Other - please specify
If you selected other please specify

you consider setting up a community owned business in that sector (with support and guidance from the council)	
(Required) Please select only one item	
Very unlikely	
Unlikely	
O Neutral	
Likely	
Very likely	
Contact details	
You only need to complete this section if you are happy to be contacted further to discuss your answers or take part in a focus group related to this survey.	
1 Full name	
2 Email address	\neg
	ل
3 Contact number	
4. Are you happy for us to contact you in relation to this curvey?	
4 Are you happy for us to contact you in relation to this survey? Please select only one item	
Yes	
○ No	
5 Would you be happy to take part in a focus group relating to this survey?	
Please select only one item	
Yes	
○ No	
6 Would you like to receive the latest news about cooperatives and employee ownership in the borough?	
Please select only one item	
Yes	
No	
O	

Equality monitoring form

1 Please read the privacy notice below and click 'I consent' to confirm that you give your consent to us using your data in line with the statement.

South Ribble Borough Council is committed to providing excellent public services. To do this, we collect, process, and hold personal data in order to provide public services.

By consenting to take part in this consultation you are giving permission for us (as data controller) or third parties acting on our behalf (as data processors) to collect and process the personal information you provide as part of the consultation or survey.

This may include personal data such as your first name, family name or surname, address, telephone numbers, date of birth, email address and IP address. It may also include sensitive personal data such as your ethnicity, religion, gender, marital status or health information.

You also consent that we may publish your responses in full or in part, but we will not publish any personally identifiable information.

For further information please visit:
Privacy Policy - South Ribble Borough Council https://www.southribble.gov.uk/privacypolicy
(Required)
Please select only one item
O I consent
2 Which of the following best describes your gender?
Please select only one item
Male
Female
O Non-binary
Prefer not to say
If you describe your gender with another term, please provide below:
2 December 1 de l'Abrette martie de companie de la contrate de contrate de la con
3 Does your gender identity match your assigned sex at birth?
Please select only one item
○ Yes
○ No
Prefer not to say
4 What was your age at your last birthday?
Please answer in the box provided below:
Please select only one item
Prefer not to say
Prefer not to say
Prefer not to say
 Prefer not to say 5 Do you consider yourself disabled (as defined by the Equality Act 2010 as having a long-standing illness, disability, or infirmity)?
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5 Do you consider yourself disabled (as defined by the Equality Act 2010 as having a long-standing illness, disability, or infirmity)? Please select only one item

6	To which of these groups do you consider you belong?
	ease select from the options provided below: ase select only one item
	White British
\tilde{C}	White Irish
\tilde{C}	White other
\tilde{c}	Asian / Asian British Indian
\tilde{c}	Asian / Asian British Pakistani
	Asian / Asian British Chinese
	Asian / Asian British other
) Black / Black British African
) Black / Black British Caribbean
) Black / Black British other
) Mixed White and Black Caribbean
) Mixed White and Black African
) Mixed White and Asian
) Mixed other
If y	ou belong to any other background, please provide below:
Dia	proceedant only one item
	ase select only one item
	Prefer not to say
Ple	Do you identify with any religion or belief? ase select only one item) Yes) No) Prefer not to say es, please specify below:
	so, please opening balann
8	Do you consider yourself to be?
Ple	ase select only one item
\subset	Heterosexual / straight
\subset	Bisexual
Č	Gay man
Č	Gay woman or lesbian
\tilde{C}	Other
\tilde{C}	Prefer not to say
9	Are you currently pregnant or have given birth in the last 26 weeks?
Ple	ase select only one item
\subset) Yes
\subset) No
C	Prefer not to say
_	

10 Are you currently?
Please select only one item
Married
In a civil partnership
Divorced or civil partnership dissolved
Cohabiting
Single
Separated
Prefer not to say