

Help may be on its way to Coastal people struggling to get to essential commitments such as social service/hospital appointments and training opportunities! New Zealand Red Cross have partnered with the Taranaki District Health Board's Public Health Unit to investigate a free transport service for the people of the Coastal Taranaki area.

How could TRANSPORT be improved for Coastal Taranaki?

Have your say...

Go into the draw to win \$150 Opunake Business Association Vouchers!

1. Where do you live within Coastal Taranaki?

- Opunake Pungarehu Okato Manaia
- Rahotu Parihaka Pa Oakura
- Other (please specify)

2. How do you currently travel to things outside of Coastal Taranaki? (Tick all that apply)

- Car (own car) Bike Bus Family/friends car
- Elder Care Service (Ironsides, Driving Miss Daisy, Standby Service) Car pool/ ride share scheme
- Other (please specify)

3. Does your community need an additional transport service? Yes No

If yes, please specify why

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4. If an additional transport service was to be developed, would you use it? Yes No

5. Where would you be travelling to and for what purpose? (Tick all that apply)

- | | Opunake | New Plymouth | Hawera | To other areas in Taranaki |
|--|--------------------------|--------------------------|--------------------------|--------------------------------------|
| <input type="checkbox"/> Job interviews | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> where |
| <input type="checkbox"/> Attend training/courses | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> where |
| <input type="checkbox"/> School/kindy drop offs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> where |
| <input type="checkbox"/> Grocery shopping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> where |
| <input type="checkbox"/> Sporting activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> where |
| <input type="checkbox"/> School/other sports | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> where |
| <input type="checkbox"/> Health/social services visits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> where |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> where |
| <input type="checkbox"/> Visit friends/family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> where |
| <input type="checkbox"/> Personal (movies, café, other shopping etc) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> where |
| <input type="checkbox"/> Other (please specify) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> where |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> where |

6. How regularly would you use this additional transport service?

- Daily Twice a week 2-5 times a week Weekly
 Fortnightly Monthly Other (please specify)

7. What days of the week would best suit your needs? (Tick all that apply)

- Monday Tuesday Wednesday Thursday
 Friday Saturday

8. What times of the day would best suit your needs? (Please specify)

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9. Do you have anything else you would like to add?

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Now some information about you:

- 1. Gender** Male Female
- 2. Please tick your age range** 12-24 25-34 35-44 45-55 55-64 65+
- 3. Which ethnic group do you belong to? (Tick all that apply)**
- New Zealand European/Pakeha Maori Samoan
 Cook Island Maori Tongan Niuean
 Chinese Indian
 Other (such as Dutch, Japanese, Tokelauan) (Please specify)
- 4. Do you care for any children aged? (Tick all that apply)** Under 5 5 - 12 12 +
- 5. Do you care for an elderly person?** Yes No

What Next?

Please return your questionnaire in the Red Cross containers at the following locations before Friday 7 December 2012:

Manaia: Manaia 4 Square / Library Plus / Primary School

Oakura: 4 Square

Okato: 4 Square / Coastal Taranaki School

Opunake: 4 square / Opunake Medical Centre / Opunake High School / Sugar Juice / Library Plus

Pungarehu: RD1

Rahotu: 4 Square / Rahotu School

Please attend the public meeting to discuss what the transport service could look like and what the next steps are. This will be held **Tuesday 27th November 7:30pm, Sandfords Event Centre, Opunake**

Are you interested or do you know of anyone who would like to be involved in this project? (E.g. Planning committee, volunteer driver, support person etc) Please call 0800 733 276 /email newplymouth@redcross.org.nz

FILL IN THIS SURVEY TO BE IN THE DRAW TO WIN!

Please enter your details below if you wish to be in the draw for **\$150 Opunake Business Association Vouchers**. This is only for prize draw purposes. This will be removed from the rest of the survey when we collate the responses. Your answers to the survey will therefore remain confidential.



Name

Contact phone