

Staff Survey Template

Store Name:

Date:

Branch Code:

As an employee of Generic Superstores please take the time to complete one of these questionnaires. The information is needed to complete the store travel plan document, which is a legal requirement enforced by the local authority. The information provided will not be used for anything else. Once completed please hand in to either your line manager or the resident travel plan co-ordinator. As a thank you for your time you will be entered into a prize draw, with a chance to win up to £50 in gift vouchers.

1. **Do you work full time or part time?** (Please tick)

Full time

Part time

2. **On an average week what time do you normally arrive and leave work?**
(Please use a 24hr clock)

Day	Hour (In)	Minute (In)	Hour (Out)	Minute (Out)	Please tick here if you do not usually work this day.
<i>Example</i>	<i>07</i>	<i>30</i>	<i>16</i>	<i>30</i>	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

3. **Do you have a disability that would affect your travel to and from work?**
(Please tick)

Yes

No

4. **Are you part of the blue badge scheme?** (Please tick)

Yes

No

5. **Approximately how long does your journey from home to work take?**
(Please tick)

0-15 mins

45-60 mins

15-30 mins

More than 60 mins

30-45 mins

6. Which mode of transport do you use to travel to work, for the majority of your journey? (Please tick)

Walk	<input type="checkbox"/>	Drive car alone	<input type="checkbox"/>
Cycle	<input type="checkbox"/>	Car share as driver	<input type="checkbox"/>
Bus	<input type="checkbox"/>	Car share as passenger	<input type="checkbox"/>
Train	<input type="checkbox"/>	Other (Please state)
Taxi	<input type="checkbox"/>	
Motorcycle	<input type="checkbox"/>		

7. Why do you use your chosen mode of transport? (Please tick)

Convenience	<input type="checkbox"/>	Availability	<input type="checkbox"/>
Cost	<input type="checkbox"/>	Personal safety	<input type="checkbox"/>
Essential for work	<input type="checkbox"/>	Health – Disability reasons	<input type="checkbox"/>
Time savings	<input type="checkbox"/>	Health – Fitness reasons	<input type="checkbox"/>
Other (Please state)		
		

8. Would you consider using a more sustainable mode of transport? (Please tick)

Yes No

9. What is your full home postcode?

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10. What is your gender? (Please tick)

Male Female Would rather not say

11. Would you be in an incentive scheme? (Please tick)

Yes No

12. If yes, which of the following would be most appealing to you? (Please tick)

- | | | | |
|-----------------------|--------------------------|--------------------------------------|--------------------------|
| Subsidised bus fares | <input type="checkbox"/> | Improved shower/ changing facilities | <input type="checkbox"/> |
| Subsidised rail fares | <input type="checkbox"/> | Guaranteed lift home scheme | <input type="checkbox"/> |
| Reduced working hours | <input type="checkbox"/> | Subsidised bicycles | <input type="checkbox"/> |
| Pool Bicycles | <input type="checkbox"/> | Pool cars | <input type="checkbox"/> |
| A car share scheme | <input type="checkbox"/> | | |

Other (Please state)