Introduction

We need you to tell us what makes your place special! The City is introducing a new approach to identifying local priorities. Your feedback will help create a shared vision for your local area and a plan to make it happen.

We would like to know a little about you, and what matters to you.

Are you a resident?  ☐ Yes  ☐ No

Postcode:  ☐ Yanchep  ☐ Two Rocks  Other ............................................

Which age group are you?  ☐ Under 25  ☐ 25 – 40  ☐ 40 – 55  ☐ 55 – 70  ☐ Over 70

How do you describe your gender?  ☐ Male  ☐ Female  ☐ In a different way

Do you identify as Aboriginal Torres Strait Islander:  ☐ Yes  ☐ No

Do you speak a language other than English at home? ........................................................................................................................................

Are you a member of a local community group?  ☐ Yes  ☐ No

If yes, which one/s? ................................................................................................................................................................................................................................

What do you like best about living here? ................................................................................................................................................................................................................................................................

What is your favourite place in Yanchep or Two Rocks? ................................................................................................................................................................................................................................

Please tell us 3 things you like about living here ..............................................................................................................................................................................................................................

Please tell us the 3 biggest issues you experience in living here ...................................................................................................................................................................................................................................

What are your fondest memories of living here? ............................................................................................................................................................................................................................................................

What would you hate to lose from your area? ............................................................................................................................................................................................................................................................

We would like to know about your use of City of Wanneroo facilities, services and programs.

Which local facilities do you use in Yanchep and Two Rocks? List City Facilities in ranked order:

☐ Library  ☐ Parks  ☐ Sporting ovals

☐ Playgrounds  ☐ Cycle paths  ☐ Community centres

☐ Senior Citizens Centre  Other ............................................................................................................................................................................................................................
Engagement Questions

Which local facilities would you *like to use* if they were locally available?

Which City **services** do you use in Yanchep and Two Rocks? List City services in ranked order:
- Planning
- Community
- Economic Development
- Building
- Rangers
- Other
- Health
- Library

Which services would you *like to use* if they were locally available?

Which City **programs** do you use in Yanchep and Two Rocks? List City programs in ranked order:
- Youth
- Seniors
- Public art
- Fitness
- Small business development
- Other
- Arts
- Job skills

Which programs would you like to use if they were locally available?

**We would like to know how you see your area in the future**

What is Your Big Idea? (What would you like to see happen in your area if there were no limits?)

What are the opportunities in your area?

Thank you for your time!

- **Tick if you would like to be added to a database for updates on the Local Area Plan.**

Your name or contact details will not be linked to your answers or included in any reports.

Name

Phone

Email