

## Theatre31 Survey

**NAMED CONTACT (Name of Teacher, Group Leader, Youth Worker):**  
 .....

**Email:**..... **Tel No:**.....

**You are a star! Thank you for agreeing to complete this survey. Please answer the questions as fully as you can and then give the survey back to your teacher or group leader.**

How old are you? Please tell us here →..... You don't have to tell us your age, but it will help us to understand the various age groups that have completed the survey.

**Gender** (please tick one)

<input type="checkbox"/> boy	<input type="checkbox"/> transgender
<input type="checkbox"/> girl	<input type="checkbox"/> prefer not to describe
<input type="checkbox"/> non binary	<input type="checkbox"/> prefer not to say

**What is your home town?..... What is your postcode?.....**

**There will be lots of opportunities for you to get involved with Theatre31. Let us know if you would like to stay in touch.**

**I would like to stay in touch (please tick one →) YES  NO**

If you have ticked 'yes' we will make contact with the 'named contact' above with further details.

**QUESTION 1. Do you participate in any of the following activities?** (you can tick more than one)

<input type="checkbox"/> acting	<input type="checkbox"/> live music	<input type="checkbox"/> writing
<input type="checkbox"/> animation	<input type="checkbox"/> musical theatre	<input type="checkbox"/> poetry
<input type="checkbox"/> art (painting, drawing)	<input type="checkbox"/> orchestras	<input type="checkbox"/> reading
<input type="checkbox"/> bands	<input type="checkbox"/> photography	<input type="checkbox"/> singing
<input type="checkbox"/> dance	<input type="checkbox"/> gaming	<input type="checkbox"/> song writing
<input type="checkbox"/> fashion	<input type="checkbox"/> going to the theatre	<input type="checkbox"/> video game design
<input type="checkbox"/> film	<input type="checkbox"/> graphic design	<input type="checkbox"/> web design

Are there other activities that you participate in that aren't mentioned above? If so, please tell us here:.....

**QUESTION 2. How do you access the activities that you have ticked in question 1?** (you can tick more than one)

<input type="checkbox"/> arts venue	<input type="checkbox"/> home	<input type="checkbox"/> school
<input type="checkbox"/> college	<input type="checkbox"/> I don't access opportunities	<input type="checkbox"/> university
<input type="checkbox"/> clubs	<input type="checkbox"/> online/digitally	<input type="checkbox"/> youth centre

Are there other ways that you access activities that aren't mentioned above? If so, please tell us here:.....

**QUESTION 3. The following activities are linked to theatre, do you participate in any of the following activities?** (you can tick more than one)

<input type="checkbox"/> acting	<input type="checkbox"/> producing
<input type="checkbox"/> backstage	<input type="checkbox"/> set and prop design
<input type="checkbox"/> costume design	<input type="checkbox"/> script writing
<input type="checkbox"/> directing	<input type="checkbox"/> sound technician
<input type="checkbox"/> lighting designer	<input type="checkbox"/> theatre technician

Are there any other activities that aren't mentioned above that you would like to include? If so, please tell us here: .....

**QUESTION 4. With reference to question 3, how important are these activities to you?** (please circle just one of the boxes below).

<b>very important</b>	<b>important</b>	<b>unsure</b>	<b>unimportant</b>	<b>very unimportant</b>
-----------------------	------------------	---------------	--------------------	-------------------------

**QUESTION 5. Why do you participate in the activities that you have ticked in question 3? (you can tick more than one)**

<input type="checkbox"/> to make new friends	<input type="checkbox"/> I can express myself
<input type="checkbox"/> to learn something new	<input type="checkbox"/> I feel I have to do it
<input type="checkbox"/> to help me relax	<input type="checkbox"/> I don't know
<input type="checkbox"/> it's fun	<input type="checkbox"/> to be with my friends

Are there any other reasons that you participate in the activities? If so, please tell us here:

.....

**QUESTION 6. If anything prevents you from taking part in these activities, tell us here. (you can tick more than one)**

<input type="checkbox"/> anxiety	<input type="checkbox"/> lack of opportunities in my area
<input type="checkbox"/> confidence in ability	<input type="checkbox"/> no time, I do other activities
<input type="checkbox"/> cost	<input type="checkbox"/> nothing prevents me from taking part
<input type="checkbox"/> don't know	<input type="checkbox"/> shyness or meeting new people
<input type="checkbox"/> don't know where to find opportunities	<input type="checkbox"/> travel

If anything else prevents you from taking part, please tell us here:

.....

**QUESTION 7. What would help you take part in these activities? (you can tick more than one)**

<input type="checkbox"/> if I could travel there easily	<input type="checkbox"/> I don't know
<input type="checkbox"/> If I had more confidence	<input type="checkbox"/> if my friends were taking part
<input type="checkbox"/> I don't want to take part	<input type="checkbox"/> if I knew the activities were happening I would attend

Is there anything else that would help you take part in these activities? If so, please tell us here:

.....

**QUESTION 8. Would you like to work in theatre? You may want to read through your answers to question 3 to help you answer this. (Please tick one box)**

<input type="checkbox"/> don't know	<input type="checkbox"/> no
<input type="checkbox"/> maybe	<input type="checkbox"/> yes

**QUESTION 9. If you had the opportunity, what job would you like to do? (you can tick more than one)**

<input type="checkbox"/> actor	<input type="checkbox"/> producer
<input type="checkbox"/> costume designer	<input type="checkbox"/> set and prop designer
<input type="checkbox"/> director	<input type="checkbox"/> script writer
<input type="checkbox"/> front of house	<input type="checkbox"/> sound designer
<input type="checkbox"/> lighting designer	<input type="checkbox"/> stage manager
<input type="checkbox"/> make up artist	<input type="checkbox"/> theatre technician

Are there any other jobs that we have missed that you would like to do? If so, please let us know here:

.....

Are there any days of the week that are best for you to attend activities? Please circle below (you can circle more than one)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
--------	---------	-----------	----------	--------	----------	--------

Are there any times that suit you? Please tell us here:.....

This survey is anonymous and the responses will only be used by Icon Theatre and our immediate partners to help us understand about theatre provision for young people on the Isle of Sheppey and in Medway. To find out more about Theatre31 get in touch with Nancy at Icon Theatre [nancyh@icontheatre.org.uk](mailto:nancyh@icontheatre.org.uk) or call **01634 813179**. Theatre31 is funded by Arts Council England and overseen by Medway Council. Project delivery is managed by Icon Theatre. Ideas Test is working closely with Icon Theatre to deliver the project and project partners include Royal Opera House Bridge and Medway and Sheppey Local Cultural Education Partnerships.



