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**PARC GWYN CREMATORIUM – RESPONSE FORM**

**PROPOSAL TO INCREASE CHARGES AND IDEAS TO DEVELOP SERVICES**

**INCREASING CHARGES**

The Council is proposing to increase a range of charges for services that are already provided at the Crematorium. These are outlined in detail in Appendix 1.

We are presenting two options:

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| --- | --- | --- |
| **OPTION** | **DESCRIPTION** | **ADDITIONAL POTENTIAL INCOME** |
| OPTION 1. | An increase charges to the same level as average charges across Wales and to maintenance of charges at this level hereafter | £116,000 |
| OPTION 2 | An increase charges to the same level as that of the nearest competitor | £239,000 |

**Question 1. Please indicate to what extent you find Option 1 acceptable or unacceptable** (please tick only one)

🞏 Acceptable 🞏 Neither 🞏 Unacceptable 🞏 Don’t know / not sure

**Question 2. Please indicate to what extent you find Option 2 acceptable or unacceptable** (please tick only one)

🞏 Acceptable 🞏 Neither 🞏 Unacceptable 🞏 Don’t know / not sure

**Question 3. Please use this space to make any comments or to put forward alternatives to Option 1 and Option 2 above**

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**IDEAS FOR DEVELOPING SERVICES**

We are also exploring ideas for developing the services provided at Parc Gwyn, with the aim of improving this facility for our customers.

These include:

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| **IDEA** | **DESCRIPTION** |
| **IDEA 1** | On site flower shop |
| **IDEA 2** | On site cafe |
| **IDEA 3** | An area in which small social functions (up to 50 people) could be held e.g. wakes, receptions, remembrance gatherings etc. One advantage of this would be that it would be possible to provide a lower cost value option |
| **IDEA 4** | At present we are only able to offer a limited range of memorial options but would like to extend these |
| **IDEA 5** | Alternative burials e.g. woodland burials, dedicated interment of ashes |
| **IDEA 6** | Increasing hours and days of operation (Saturday and Sunday) |
| **IDEA 7** | Additional car parking provision |

**Question 4. Please indicate to what extent you find Idea 1 acceptable or unacceptable** (please tick only one)

🞏 Acceptable 🞏 Neither 🞏 Unacceptable 🞏 Don’t know / not sure

**Question 5. Please indicate to what extent you find Idea 2 acceptable or unacceptable**

(please tick only one)

🞏 Acceptable 🞏 Neither 🞏 Unacceptable 🞏 Don’t know / not sure

**Question 6. Please indicate to what extent you find Idea 3 acceptable or unacceptable**

(please tick only one)

🞏 Acceptable 🞏 Neither 🞏 Unacceptable 🞏 Don’t know / not sure

**Question 7. Please indicate to what extent you find Idea 4 acceptable or unacceptable**

(please tick only one)

🞏 Acceptable 🞏 Neither 🞏 Unacceptable 🞏 Don’t know / not sure

**Question 8. Please indicate to what extent you find Idea 5 acceptable or unacceptable**

(please tick only one)

🞏 Acceptable 🞏 Neither 🞏 Unacceptable 🞏 Don’t know / not sure

**Question 9. Please indicate to what extent you find Idea 6 acceptable or unacceptable**

(please tick only one)

🞏 Acceptable 🞏 Neither 🞏 Unacceptable 🞏 Don’t know / not sure

**Question 10. Please indicate to what extent you find Idea 7 acceptable or unacceptable**

(please tick only one)

🞏 Acceptable 🞏 Neither 🞏 Unacceptable 🞏 Don’t know / not sure

**Question 11. Please use this space to make any comments or to put forward other ideas**

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**ABOUT YOU**

**Are you responding as** (please tick all that apply)

🞏 An individual

🞏 A representative of an organisation or business (please specify) ...............................................

Other (please specify) .....................................................................................................................

For further information about why we have to ask the following questions, please see <https://www.pembrokeshire.gov.uk/equalities/why-do-we-ask-equality-questions>

**Are you?** (please tick only one)

🞏 Male 🞏 Female 🞏 Prefer not to say

**Are you?** (please tick only one)

🞏 Aged 16 or under 🞏 Aged 25 – 64 🞏 Aged 75 or over

🞏 Aged 17 – 24 🞏 Aged 65 – 74 🞏 Prefer not to say

**Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?** (please tick only one)

🞏 Yes 🞏 No 🞏 Prefer not to say

**Do you provide regular, unpaid, substantial care for a relative, friend or neighbour who is unable to manage at home without help because of sickness, age or disability?** (please tick only one)

🞏 Yes 🞏 No 🞏 Prefer not to say

**Please use this space to tell us about any other protected characteristics (e.g. ethnicity, religion, gender reassignment, sexual orientation) that you may wish to**

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**Thank you for your time**

Once complete, please scan in and email to [surveys@pembrokeshire.gov.uk](mailto:surveys@pembrokeshire.gov.uk)

You can also post to: Pembrokeshire County Council, Policy, 2D County Hall, Haverfordwest, SA61 1TP

Please return by **Wednesday 31st October 2018**