



Swale Borough Council

Swale House, East Street, Sittingbourne ME10 3HT

Gambling Policy Review Questionnaire

The information that you provide on this form will be used for the purpose of revising the existing Gambling Policy and improving our service. All information is kept in accordance with the Data Protection Act 1998.

SECTION ONE: Your Personal Details.

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| Title: | |
| Full Name: | |
| Company Name: (If Applicable) | |
| Position held: (If Applicable) | |
| Address: | |
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| | |
| Contact Number: | |

(Please mark an 'X' in the appropriate box)

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| Q1. Do you hold a valid premises licence or gaming permit, under the Gambling Act 2005? | <input type="checkbox"/> Yes (See Q.3 onwards) | <input type="checkbox"/> No (Please answer Q.2 and move onto Section Two) |
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| Q2. If No, what is your interest in the local Gambling policy? | <input type="checkbox"/> Licensing Authority | <input type="checkbox"/> Councillor |
| | <input type="checkbox"/> Local Business | <input type="checkbox"/> Other |

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| Q3. What type of Licence/ Permit do you hold? | |
| <input type="checkbox"/> Premises Licence: Bingo | <input type="checkbox"/> Premises Licence: Betting |
| <input type="checkbox"/> Premises Licence: AGC | <input type="checkbox"/> Premises Licence: FEC |
| <input type="checkbox"/> Premises Licence: Track | <input type="checkbox"/> Club Gaming/ Machine Permit |
| <input type="checkbox"/> PH: Gaming Machine Permit | <input type="checkbox"/> Unlicensed FEC |
| <input type="checkbox"/> Lottery Licence | <input type="checkbox"/> Other |

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| Q4. What is your Licence or Permit Reference Number? |
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| Q5. What is your Operational Number, obtained from the Gambling Commission (if applicable)? |
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SECTION THREE: Licensing Department's Service Standard.

Out of the following aspects of customer service, please tick the three that you consider to be most important.

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| <input type="checkbox"/> Friendly smile & welcoming manner | <input type="checkbox"/> Polite and Courteous |
| <input type="checkbox"/> Prompt Service | <input type="checkbox"/> Providing accurate information |
| <input type="checkbox"/> Keeping customers informed | <input type="checkbox"/> Ease of access to service |

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| Q1. Have you ever had the need to contact or use the services of Swale Borough Council's Licensing Department? | <input type="checkbox"/> Yes | <input type="checkbox"/> No (Thank you for completing the Questionnaire) |
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| Q2. What was your reason for contacting the Licensing Department? (You can tick more than one) | <input type="checkbox"/> General Enquiry |
| | <input type="checkbox"/> Application |
| | <input type="checkbox"/> Complaint |
| | <input type="checkbox"/> Request forms |

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| Q3. What method of communication have you used to contact the Licensing Department? (You can tick more than one) | <input type="checkbox"/> Telephone (see Q.4) |
| | <input type="checkbox"/> Email (see Q.5) |
| | <input type="checkbox"/> Letter (see Q.6) |
| | <input type="checkbox"/> Meeting (see Q.7) |

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| Q4. Please rate the following: | Excellent | Good | Fair | Poor |
| Answering the telephone | | | | |
| Responding to voicemails | | | | |
| How was our telephone manner | | | | |
| Our knowledge of Gambling law | | | | |
| How helpful was the staff | | | | |

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|---------------------------------------|-----------|------|------|------|
| Q5. Please rate the following: | Excellent | Good | Fair | Poor |
| Acknowledgement of the email | | | | |
| Response to the email | | | | |
| Information provided in the response | | | | |

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|---------------------------------------|-----------|------|------|------|
| Q6. Please rate the following: | Excellent | Good | Fair | Poor |
| Response to your letter | | | | |
| Information provided in the response | | | | |

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| Q7. Please rate the following: | Excellent | Good | Fair | Poor |
| Process of arranging a meeting | | | | |
| How courteous and helpful was staff | | | | |
| Punctuality of the meeting | | | | |
| Staff ability to answer questions | | | | |

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| Q8. Have you ever requested information, documentation or forms, and not received them? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
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| Q9. Do you think that the Licensing Department is efficient? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
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| Q10. Have you used the Swale Website? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
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| Q.11 Overall, how would you rate our Customer service? | Excellent | Good | Fair | Poor |
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| Q.12 Please rate the following: | Excellent | Good | Fair | Poor |
| Availability of Guidance Material | | | | |
| Quality of Guidance Material | | | | |
| Explanation of the application procedure and advice | | | | |
| Informed of applications progress? | | | | |

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| What do you think it best about our Customer Service? |
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| How could we improve our Customer Service? |
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