

# Questionnaire

**✖The contents of this questionnaire will not affect the review of your application. Please answer honestly**

The Hamamatsu City Council of Social Welfare is a private organisation that promotes community welfare. We are working to promote welfare activities and volunteer activities in the community.

We would like to ask you a few questions about your application. Your answers will be used as reference material for the future management of the project.

In addition, as a part of our welfare activities, we conduct a questionnaire survey every year in order to understand the welfare issues that the local residents are facing. If there is anything in your daily life that you feel needs support, please fill out this questionnaire so that we can work together to solve the problems you are facing.

**◆Q1. How did you get to know about the year-end financial support and congratulatory gift for entering school ? (Please check (✓) all that apply.)**

- ☐Social Welfare Council homepage    ☐Social Welfare Council newsletter  
☐Social Welfare Council Center or Office    ☐Social Worker/Child Committee Member  
☐City Hall or Ward Office    ☐From an acquaintance (Relation: \_\_\_\_\_)  
☐Resident Center or Community Collaboration Center    ☐Others( \_\_\_\_\_ )

**◆Q2. How did you obtain information and application materials (Application Form I)?(✓)**

**Please tell us all about it. (Please check (✓) all that apply)**

- ☐Social Welfare Council homepage   ☐Social Welfare Council Center or Office  
☐Social Worker/Child Committee Member   ☐City Hall or Ward Office  
☐Resident Center or Community Collaboration Center   ☐Others( )

**◆Q3. Do you have anything you would like to receive support or consult about?**

(Please check (✓) all that apply.)

- ☐ Employment      ☐ Child Rearing and Support      ☐ Nursing Care for the Elderly      ☐ Nursing Care for  
 Disable Persons      ☐ Healthcare      ☐ I want someone to talk to      ☐ School life      ☐ Preparation for  
 higher education and career path      ☐ Living alone      ☐ Welfare Services      ☐ Interpersonal relationships  
☐ Family      ☐ Cooking and housework      ☐ Single-Parent Family      ☐ Others

【Please elaborate on what you would like to consult about.】

～Thank you for your cooperation～

※The contents of this questionnaire will be shared with the City Council of Social Welfare staff and the social workers and child committee members in the area. Please be aware of this.

**※If you need help with something in your daily life and wish to consult someone, please contact your local Council of Social Welfare ward division center or office.**