



Please take a few minutes to complete this survey and help us continue to provide improved Gallery services to you and our community.

How often do you visit the Gallery?

- Never Seldom Regularly Often

What was the main reason for your visit to the Art Gallery today?

- | | |
|---|--|
| <input type="checkbox"/> It was recommended by a friend or relative | <input type="checkbox"/> It was recommended by a tourist information centre |
| <input type="checkbox"/> It offered something for the children to do | <input type="checkbox"/> I wanted to show visitors local attractions |
| <input type="checkbox"/> I am a member and visit regularly | <input type="checkbox"/> Saw information in a tourist publication |
| <input type="checkbox"/> Free admission | <input type="checkbox"/> The weather was <input type="text"/> |
| <input type="checkbox"/> I wanted to see a particular exhibition. Which exhibition? | <input type="text"/> |
| <input type="checkbox"/> I was attracted by specific advertising: | <input type="checkbox"/> Radio / <input type="checkbox"/> Newspaper / <input type="checkbox"/> Other |
| <input type="checkbox"/> Other (please specify): | <input type="text"/> |

Have you seen or heard any advertising or publicity about the Art Gallery before you came?

- No Yes

How would you rate your overall visit to the Art Gallery today on a scale of 1 (lowest) to 5 (highest)?

- 1 2 3 4 5

What type of exhibitions would you like to see at the Gallery?

- | | | | |
|---------------------------------------|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Contemporary | <input type="checkbox"/> Traditional | <input type="checkbox"/> Painting | <input type="checkbox"/> Sculpture |
| <input type="checkbox"/> Ceramics | <input type="checkbox"/> Glass | <input type="checkbox"/> Photography | <input type="checkbox"/> Drawing |
| <input type="checkbox"/> Textiles | <input type="checkbox"/> New Media | <input type="checkbox"/> Other (please specify) | <input type="text"/> |

Would you like to see more State or National touring exhibitions at the Gallery?

- No Yes

Would you like to see more exhibitions by Local Artists?

- No Yes

What programs would you like to see in the Gallery?

- | | | | |
|---|--|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Lectures | <input type="checkbox"/> Seminars | <input type="checkbox"/> Artist Talks | <input type="checkbox"/> Workshops |
| <input type="checkbox"/> Youth Programs | <input type="checkbox"/> Drawing Classes | <input type="checkbox"/> Dance | <input type="checkbox"/> Poetry |
| <input type="checkbox"/> Theatre | <input type="checkbox"/> Music | <input type="checkbox"/> Films | |

What other suggestions would you like to make to improve Gallery services?



If the current Gallery Open hours could be altered, what would you prefer?

- | | | | |
|-----------|----|----|------------------------------------|
| Monday | am | pm | <input type="checkbox"/> No change |
| Tuesday | am | pm | <input type="checkbox"/> No change |
| Wednesday | am | pm | <input type="checkbox"/> No change |
| Thursday | am | pm | <input type="checkbox"/> No change |
| Friday | am | pm | <input type="checkbox"/> No change |
| Saturday | am | pm | <input type="checkbox"/> No change |
| Sunday | am | pm | <input type="checkbox"/> No change |

Other:

If the current Gallery Exhibition Opening hours could be altered, what day and time would you prefer?

- | | | | |
|----------|----|----|------------------------------------|
| Thursday | | pm | |
| Friday | | pm | <input type="checkbox"/> No change |
| Saturday | am | pm | |
| Sunday | am | pm | |

Visitor Statistics:

- | | | | |
|-------------------------------|--|---|---|
| 1. <i>Place of Residence:</i> | <input type="checkbox"/> Bega Valley Shire | <input type="checkbox"/> Elsewhere in NSW | <input type="checkbox"/> Interstate - |
| | <input type="checkbox"/> Overseas (please state Country) | | <input style="width: 100%; height: 20px;" type="text"/> |
| 2. <i>Gender:</i> | <input type="checkbox"/> Male | <input type="checkbox"/> Female | |
| 3. <i>Age Group:</i> | <input type="checkbox"/> Under 18 | <input type="checkbox"/> 18 – 30 | <input type="checkbox"/> 30 – 39 |
| | <input type="checkbox"/> 40 – 49 | <input type="checkbox"/> 50 – 60 | <input type="checkbox"/> Over 60 |
| 4. <i>Occupation</i> | <input type="checkbox"/> Student | <input type="checkbox"/> Currently Employed | <input type="checkbox"/> Retired |
| | <input type="checkbox"/> Other | | |

Please return this Survey Form to: Bega Valley Regional Gallery
Zingel Place
BEGA NSW 2550

or email to rcameron@begavalley.nsw.gov.au