**Sensing Place: Caribbean Worksheet**



Dr Niall Finneran [Niall.Finneran@winchester.ac.uk](mailto:Niall.Finneran@winchester.ac.uk)

Dr Christina Welch [Christina.Welch@winchester.ac.uk](mailto:Christina.Welch@winchester.ac.uk)

Country:

Place (town, village, region):

Name and Affiliation:

---------------------------------------------------------------------------------------------------------------------------------------------

Give five words that describe your ‘place’:

* Word 1:
* Word 2:
* Word 3:
* Word 4:
* Word 5:

Name some people who are associated with your place (maximum of three)

When and where roughly did they live/do they live?

Why they are important in the story of your place?

* Person 1:
* Person 2:
* Person 3:

What buildings do you think are important in your place (maximum of three)?

Why are they so special?

* Building 1:
* Building 2:
* Building 3:

What three cultural activities make your place special (this could be a special type of music, or dance)?

What makes them so special?

* Cultural activity 1:
* Cultural activity 2:
* Cultural activity 3:

Do you have any important festivals, or other types of gathering in your place?

Can you give a brief description?

Are there any special crafts (like pottery making or basket weaving) associated with your place?

What are they and why are they important?

What three special smells and sounds do you associate with your place, and why are they important?

* Sound 1:
* Sound 2:
* Sound 3:
* Smell 1:
* Smell 2:
* Smell 3:

What are the three most important foods cooked in your place, and can you describe them to an outsider?

* Food 1:
* Food 2:
* Food 3:

And how about the three most important drinks found in your place; again, why are these important?

* Drink 1:
* Drink 2:
* Drink 3:

And finally, in just one sentence, what makes your place so special to you?

---------------------------------------------------------------------------------------------------------------------------------------------

Name of the person completing this form \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_