

Equalities monitoring form

We want to make sure that our services are available to everyone in the community and that everyone is treated fairly when they use our services. We will only use this information to help us improve services and identify gaps or barriers. Please fill in as much of the information as you feel comfortable with. It is anonymous and confidential.

What age are you? years Prefer not to say

What gender are you? Male Female Other (please state)

Do you identify as the gender you were assigned at birth?

(For people who are transgender, the gender they were assigned at birth is not the same as their own sense of their gender.) Yes No Prefer not to say

How would you describe your ethnic origin?

White

- English/Welsh/Scottish/
Northern Irish/British
- Irish
- Gypsy or Irish Traveller
- Any other White background
(please give details):
-

Other Ethnic Group

- Arab
- Any other Asian background
(please give details):
-

Black or Black British

- African
- Caribbean
- Any other Black background
(please give details):
-

Mixed

- Asian & White
- Black African & White
- Black Caribbean & White
- Any other mixed background
(please give details):
-

Asian or Asian British

- Bangladeshi Indian
- Pakistani Chinese
- Any other Asian background
(please give details):
-

Prefer not to say

After you have ticked a box:
If there is an ethnic category that
is not included here that you think
should be, please tell us what:

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? Yes a little Yes a lot

No (do not answer the next question) Prefer not to say (do not answer the next question)

If you answered 'yes', please state the type of impairment. If you have more than one please tick all that apply. If none apply, please mark 'other' and write an answer in.

- Physical Impairment Long-standing Illness Mental Health Condition
- Sensory Impairment Learning Disability/Difficulty Developmental Condition
- Other (please state)

Translation? Tick this box and take to any council office.

Arabic ترجمة؟ ضع علامة في المربع وحدها إلى مكتب البلدية.

Bengali অনুবাদ? বক্সে টিক চিহ্ন দিয়ে কাউন্সিল অফিসে নিয়ে যান।

Cantonese 需要翻譯? 請在這方格內加劃, 並送回任何市議會的辦事處。

Farsi ترجمه؟ لطفا این مربع را علامتگذاری نموده و آن را به هر یک از دفاتر شهرداری ارائه نمایید.

French Traduction? Veuillez cocher la case et apporter au council.

Mandarin 需要翻译? 请在这方格内划勾, 并送回任何市议会的办事处。

Polish Tłumaczenie? Zaznacz to okienko i zwróć do któregoś z biura samorządu lokalnego (council office).

Portuguese Tradução? Coloque um visto na quadrícula e leve a uma qualquer repartição de poder local (council office).

Turkish Tercümesi için kareyi işaretleyiniz ve bir semt belediye bürosuna veriniz.

other (please state)

This can also be made available in large print, Braille, or on CD or audio tape

Thank you for taking the time to complete this questionnaire

Please use the supplied pre-paid envelope and return by Friday 20 December 2013

Residents parking questionnaire

Preston Park Triangle Area

This questionnaire is designed to gauge support for the principle of introducing a residents parking scheme into your area.

Please use the information provided in the enclosed leaflet to help answer these questions.

To make sure your views are considered please take the time to complete this questionnaire by **Friday 20 December 2013** and return it using the FREEPOST envelope provided. NO STAMP IS REQUIRED.

Or you can complete this online at <http://consult.brighton-hove.gov.uk/portal>

One submission is permitted from each household so please do discuss this with people you live with to ensure the returned questionnaire reflects the views of the occupants.



Brighton & Hove City Council

Q1 Are you in favour of a residents parking scheme in your road?

Yes No

Q2 What type of scheme would you prefer?

Please see leaflet for explanation.

a) Monday to Sunday 9am to 8pm
 b) Monday to Friday 9am to 8pm

Q3 If a Monday to Sunday 9am to 8pm scheme was chosen would you like to join the existing Area J (London Road station area)?

Yes No

Q4 Please tick all of the following that apply to you:

You own or manage a business within the proposed parking area boundary
 You are a resident within the proposed parking area boundary
 You work within the proposed parking area boundary
 Other (please state below)

If you are a resident of the area please answer question 5. If you own or manage a business in the area please answer question 6.

If you are both a resident and business owner/manager, please complete both Q5 and 6 etc

Q5a How many cars in your household?

0 1 2 3 4 or more

Q5b Do you have access to off-street car parking?

Yes No

Q6a What type of business do you own or manage in the area? Please tick all that apply?

Retail outlet
 Office based

Other (please state below)

Q6b How many vehicles are directly associated with your business?

0 1 2 3 4 or more

Q7 Please use the space below to write any other comments you have about the proposed scheme.

Q8 We will need your name and address to prevent multiple submissions of questionnaires from households.

Name

Address