

Neighbourhoods of the Future Healthy School Streets Zone Proposals

Please complete this questionnaire and return it by Friday 20 October 2019

You can complete this questionnaire:

- 1) Online and submit it directly at <https://consultations.wearecamden.org/supporting-communities/nofhss>
- 2) Email your responses to transportconsultations@camden.gov.uk
- 3) Return it by freepost (no stamp required) to Freepost LBC MAILROOM with Neighbourhoods of the Future, Transport Strategy Service in the bottom left corner of the envelope.

Whichever method you choose to respond to us, **you must give us your postal address if you want us to consider your views** and note that **we only can accept ONE reply per organisation.**

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**Replies from local groups and associations, statutory groups and emergency services.
Please only fill in if you are an official representative (i.e. Chairperson, Secretary)**

Name of Organisation:

Address:

Postcode

Number of members in the Group/Association:

How did you reach this decision?

Date of meeting or discussion?

How many members were involved in the decision-making?

Replies from residents, businesses or individuals

Name:

Telephone number:

Address:

Postcode

Please also indicate, by ticking one box or more, which of the following best describes you:

Resident Business Other _____

I learnt about this consultation via the Council's website www.camden.gov.uk/consultations

My email address is:

Question 1 – Option A

To what extent do you agree or disagree with the proposal set out in **Option A** – a Healthy School Streets zone using three ANPR cameras to create timed road closures (incorporating five school sites) into Netherhall Gardens, Netherhall Way, Maresfield Gardens and Nutley Terrace, from Fitzjohn’s Avenue? This is illustrated in the consultation drawing and leaflet, attached and available online. Please tick one box only.

- I strongly agree with the proposal
- I agree with the proposal
- Neutral, I neither agree or disagree with the proposal
- I disagree with the proposal
- I strongly disagree with the proposal

Please use the space below to tell us the reason for the response provided above.

Question 2 – Option B

To what extent do you agree or disagree with the proposal set out in **Option B** - as proposal A but extending the zone to incorporate the section of Frognaal south of Arkwright Road up to (but not including) Hampstead Gate. This is illustrated in the consultation drawing and leaflet, attached and available online. Please tick one box only.

- I strongly agree with the proposal
- I agree with the proposal
- Neutral, I neither agree or disagree with the proposal
- I disagree with the proposal
- I strongly disagree with the proposal

Please use the space below to tell us the reason for the response provided above.

Question 3

If you support both Option A and Option B, which of the two would you prefer the Council to implement? Please tick one box only.

- Option A
- Option B
- Neither, I don't support either option

Please use the space below to tell us the reason for the response provided above.

Question 4

Do you have any additional comments or alternative suggestions? Please state below:

Equalities Monitoring

You do not have to complete these questions; however, any information you provide will help us in making an informed decision on our proposals. The information provided may be used in our reports; however, your personal details will remain confidential.

Under the Equality Act 2010 the public is protected from unlawful discrimination if they have the following protected characteristics: age, marriage and civil partnerships, race, religion and belief, sex, gender reassignment, sexual orientation, disability and pregnancy and maternity.

Under that Act the Council also has a duty to consider what steps if any to take to eliminate discrimination against persons who share a relevant protected characteristic and those who do not share it.

Please place a tick in all the boxes that apply to you

Gender: Are you?		Is your gender identity different to the one you were assigned at birth? Yes / No
Male	Yes / No	
Female	Yes / No	
Non-binary	Yes/ No	

Age: What is your age?						
0-15		16-24		25-34		35-44
45-54		55-64		65-74		75-84
85 +						

Ethnicity: What is your ethnic group? (please tick one box)		
White	English/ Welsh/ Scottish/ Northern Irish/ British	
	Irish	
	Gypsy or Irish Traveller	
	Any other White background (please say)...	
Asian or Asian British	Indian	
	Pakistani	
	Bangladeshi	
	Chinese	
	Any other Asian background (please say)...	
Black or Black British	Caribbean	
	African	
	Any other Black/African/Caribbean background (please say)...	
Mixed / multiple ethnic groups	White and Black Caribbean	
	White and Black African	
	White and Asian	
	Any other mixed/multiple ethnic background (please say)...	
Other ethnic group	Arab	
	Any other ethnic group (please say)...	

Disability: Do you consider yourself to have a disability?

Yes		No	
i.e that you have a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities (please tick whichever apply)			
Physical impairment		Sensory impairment	
Long standing illness		Mental health condition	
Learning disability/difficulty		Other (please say)	
		...	

Sexuality: What is your sexuality?

Gay		Heterosexual/straight	
Lesbian		Bisexual	
Other			

Relationship: What is your relationship status?

Never married and never registered a same-sex civil partnership		
Married		Separated
Divorced		Widowed
In a registered same-sex civil partnership		
Separated, but still legally in a same sex civil partnership		
Formerly in a same sex civil partnership which is now legally dissolved		
Surviving partner from a same sex civil partnership		

Pregnancy and maternity:

Are you pregnant?	Yes / No	Prefer not to say
Have you given birth within the past 26 weeks?	Yes / No	Prefer not to say
Do you have dependent(s) aged 16 or under?	Yes / No	Prefer not to say

Religion and belief: What is your religion or belief?

Buddhist		Muslim	
Christian		Sikh	
Hindu		No religion/belief	
Jewish		Other (please say)	

Question 7

- a) Do you think that any of the proposals may have any impact on you or others with reference to any one or more of the following protected characteristics (age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion or belief, gender and sexual orientation)?
 Yes No Don't Know
- b) If you answered yes to question 7a) would that be a positive or negative impact?
 Positive Negative Don't Know
- c) If you answered yes to question 7a) please explain how you think the proposals would impact on you or others? Please state, below.

Thank you for replying to this consultation

Thank you for taking the time to complete this questionnaire. If you require any additional information or would like further explanation, please call the Transport Strategy team on 020 7974 5537 or email transportconsultations@camden.gov.uk

Please note, that in accordance with the Local Government (Access to Information) Act 1985, any questionnaires or correspondence received by the Council as part of this consultation will be available for public inspection and a summary of the report following the consultation will be made available on the Council's website.

Data Protection Act 1998 – All information gathered in this consultation will only be used for the purpose it was collected for.