

CONSULTATION QUESTIONS

Public Spaces Protection Order



1. Do you live or work in the Stonehouse Neighbourhood? **Please state**

2. What do you think of the issues covered in the proposed Public Spaces Protection Order?

Possible conditions of the PSPO	I support this action because	I don't support this action because
No drinking of alcohol in an outside place except in a licenced premises		
No begging in a public place		
No urinating or defecating in a public place		
No nuisance driving		

3. Are there any other things you would like to see included in a PSPO which you think are detrimental to life in the Stonehouse Neighbourhood?

My suggestion is	I support this suggestion because ...

4. Do you have any other comment to make about the PSPO?

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DIVERSITY MONITORING

By law, we must not discriminate against anyone. The information that you give here helps us to make sure that we are fair and unbiased. These details are confidential and will not be used for any other purpose but recording. Please tell us how you think of yourself.

Gender

Are you:	Female	<input type="checkbox"/>	Male	<input type="checkbox"/>
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Ethnicity

Are you:

Asian

Bangladeshi	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Indian	<input type="checkbox"/>
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Pakistani	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>	Other	<input type="checkbox"/>
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Please specify if other

Black

Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>	Somali	<input type="checkbox"/>
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Other	<input type="checkbox"/>				
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Please specify if other

Mixed/dual Heritage

White & Asian	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>
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White & Black Caribbean	<input type="checkbox"/>	Other	<input type="checkbox"/>
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Please specify if other

White

English	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Scottish	<input type="checkbox"/>
Welsh	<input type="checkbox"/>	Other	<input type="checkbox"/>		
Please specify if other					
Disability					
Do you consider yourself to be disabled person?				Yes	<input type="checkbox"/>
				No	<input type="checkbox"/>
Under the Disability Discrimination Act 1995 a person is considered to have a disability if he/she has a physical or mental impairment which has a sustained and long-term adverse effect on his/her ability to carry out normal day to day activities.					
Sexual Orientation					
How would you define your sexual orientation?					
Bisexual	<input type="checkbox"/>	Heterosexual	<input type="checkbox"/>		
Gay	<input type="checkbox"/>	Lesbian	<input type="checkbox"/>		
Age					
Date of Birth					
Or alternatively, the following age banding:					
0-4	<input type="checkbox"/>	5-11	<input type="checkbox"/>		
12-19	<input type="checkbox"/>	20-25	<input type="checkbox"/>		
26-34	<input type="checkbox"/>	35-43	<input type="checkbox"/>		
44-52	<input type="checkbox"/>	53-59	<input type="checkbox"/>		
60-64	<input type="checkbox"/>	65+	<input type="checkbox"/>		
Religion/Belief					
What is your religious belief?					
Buddhist	<input type="checkbox"/>	Christian	<input type="checkbox"/>	Hindu	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
No Religion	<input type="checkbox"/>	Other religious beliefs (specify)			
The information which you provide on this form will be kept in accordance with the Data Protection Act 1998 and used for the purposes of monitoring.					