

Event Day Controlled Parking Zone Review

Please let us have your views about the Event Day Controlled Parking Zone by completing this questionnaire. We would like to hear from you even if you do not have access to a vehicle or are a non-driver as you may have visitors who park within the area on event days.

Section 1 – Personal Information

In an effort to understand your particular needs and get as clear a picture as possible, please tell us where you live. If you do not want to tell us your full name and address ***please ensure you give us the name of your road*** - without it we won't know where the problems may be.

Name:
Address:
.....
Post Code:

Please Note that under the provisions of the Freedom of Information Act 2000, the Council may be obliged to disclose any information that it holds if a request is made for that information, unless it is covered by an exemption under the Act. This means that this information can not be held confidential and may be disclosed to any person. If you do not wish your personal data (such as your name and address) to be disclosed, please tick the box below.

I do not wish my personal data to be disclosed

Section 2 – General Information

Please answer by ticking [✓] the relevant boxes and following the instructions where appropriate. Please tick one box only unless otherwise specified.

(1) **Is this property your:**

Home [] Business [] Both []
Other [] If 'Other' please specify

Section 3 – Scheme Operation

Within a Controlled Parking Zone all on-street parking is controlled either by signs, yellow lines or designated parking bays. It gives priority to residents and local businesses and their visitors, who must display their permits or vouchers to show their entitlement to park during the operational hours of the zone.

The Event Day CPZ uses a combination of traditional parking bays and yellow lines and 'Permit holders only past this point' controls, where controls are enforced through street entry signs. The Event Day CPZ is only operational on a Saturday or Sunday when an event is being held, between the hours of 1pm and 6pm.

(1) **On event days have you noticed an increase in vehicles parked in your street?**

Yes [] No []

(2) **Does anyone living in your household, working at your business, (or other if you specified other), have a problem finding a place to park on event days between 1pm and 6pm?**

Yes [] No [] Does not apply (as no cars in household) []
Don't know/not sure []

(3) **Do your visitors/customers have problems finding a place to park on event days between 1pm and 6pm?**

Yes [] No [] Does not apply [] Don't know/not sure

(4) **Have you had any difficulty accessing local businesses or services within the Event Day CPZ since the introduction of the scheme?**

Yes [] No [] Does not apply [] Don't know/not sure []

If yes, please provide details

.....
.....

(5) **Have you had any problems manoeuvring at junctions in your road on event days due to parked vehicles?**

Yes [] No [] Does not apply []

If yes, please specify junction(s).....

.....

(6) **Do you know how to find out when the next event is being held?**

Yes [] No []

(7) **How do you usually find out when the next event is? (please tick all boxes that apply)**

- | | |
|--|---|
| <input type="checkbox"/> CPZ signage | <input type="checkbox"/> Saracens literature |
| <input type="checkbox"/> Barnet website | <input type="checkbox"/> Saracens website |
| <input type="checkbox"/> contacting the Council | <input type="checkbox"/> other (please specify) |
| <input type="checkbox"/> I do not know how to find out | <input type="checkbox"/> I am not interested in finding out |

(8) **How satisfied or dissatisfied are you with how you are kept informed about these events?**

- | | |
|--|--|
| <input type="checkbox"/> Very satisfied | <input type="checkbox"/> Fairly satisfied |
| <input type="checkbox"/> Neither | <input type="checkbox"/> Fairly dissatisfied |
| <input type="checkbox"/> Very dissatisfied | |

If dissatisfied, please state why

(9) **Are you aware that you can contact enforcement directly (020 3375 4242) to report illegally parked vehicles, such as those parked in contravention of any parking restrictions or blocking access to your property?**

Yes [] No []

(10) **Are there any parking issues relating to the Event Day CPZ that you believe should be investigated further?**

Yes [] No []

If yes, please give details

.....
.....

Section 5 – Diversity Monitoring

Barnet Council is required by law, Equality Act 2010, to collate equality information. The collated information will not only help the council demonstrate compliance with the law but also assist the council to assess the impact of policies, services and decisions on all the protected characteristics covered by the act and ensure our polices and services are fair and accessible.

To assist us in complying with our duty under the Equalities Act 2010 we have to ask you some personal questions, which we would encourage you to complete. Collecting this information will also help us understand the needs of our different communities.

Please be assured that all the answers you provide will be treated in the strictest confidence and will be stored securely in an anonymous format. All information will be stored in accordance with our responsibilities under the Data Protection Act 1998.

For the purposes of this survey we are asking 5 of the protected characteristics included in the Equality Act 2010.

(25) **Are you:** (Please tick **one** option only)

Female Male Prefer not to say

(26) **In which age group do you fall?** (Please tick **one** option only)

Under 18 45-54
18-24 55-64
25-34 65-74
35-44 74+
Prefer not to say

(27) **What is your ethnic origin?** (please tick **one** option only)

Asian or Asian British - Indian
 Asian or Asian British – Pakistani
 Asian or Asian British - Bangladeshi
 Asian or Asian British - Other
 Black or Black British - Caribbean
 Black or Black British – African
 Black or Black British - Other
 Mixed - White & Black Caribbean
 Mixed - White & Black African
 Mixed - White & Asian
 Mixed – Other
 Other - Chinese
 Other - Any ethnic group
 White – British
 White - Irish
 White - Greek/Greek Cypriot
 White - Turkish/Turkish Cypriot
 White - Any other
 Other (Please specify).....
 Prefer not to say

(28) Disability

The Equality Act 2010 defines a disability as, 'A physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities'. In this definition, long term is taken to mean more than 12 months and would cover long term illness such as cancer and HIV or mental health problems.

Do you consider that you have a disability as defined by the Disability Discrimination Act? (Please tick one option only)

Yes No Prefer not to say

(29) If you have answered 'yes', please select the definition/s from the list below that best describes your disability/disabilities: (tick all that apply)

- Hearing (such as: deaf, partially deaf or hard of hearing)
- Vision (such as blind or fractional/partial sight. Does not include people whose visual problems can be corrected by glass/contact lenses)
- Speech (such as impairments that can cause communication problems)
- Mobility (such as wheelchair user, artificial lower limb(s), walking aids, rheumatism or arthritis)
- Physical co-ordination (such as manual dexterity, muscular control, cerebral palsy)
- Reduced physical capacity (such as inability to lift, carry or otherwise move everyday objects, debilitating pain and lack of strength, breath, energy or stamina, asthma, angina or diabetes)
- Severe disfigurement
- Learning difficulties (such as dyslexia)
- Mental illness (substantial and lasting more than a year, such as severe depression or psychoses)
- Other (Please specify).....
- Prefer not to say

(30) Religion or belief (Tick one box only)

- | | | | | | |
|----------|--------------------------|-----------|--------------------------|-------------|--------------------------|
| Agnostic | <input type="checkbox"/> | Atheist | <input type="checkbox"/> | Baha'l | <input type="checkbox"/> |
| Buddhist | <input type="checkbox"/> | Christian | <input type="checkbox"/> | Hindu | <input type="checkbox"/> |
| Humanist | <input type="checkbox"/> | Jain | <input type="checkbox"/> | Jewish | <input type="checkbox"/> |
| Muslim | <input type="checkbox"/> | Sikh | <input type="checkbox"/> | No Religion | <input type="checkbox"/> |

Other religion/belief (Please Specify).....

Prefer not to say

