Shirehall Area (Hendon) Informal Consultation - Parking Questionnaire

Please let us have your views about parking in your road by completing this questionnaire.

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 **please ensure you give us your address and or post code** - 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 $[\checkmark]$ 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

(2) How many vehicles are there in the above household/business/other?

None []	One	[]	
Two []	Three	[]	If more please specify

(3) How many of these are parked on the street?

None	[]	One	[]	
Two	[]	Three	[]	If more please specify

(4) Are you a registered Blue Badge holder?

Yes [] No []

Section 3 – Parking Issues

Do you regularly find it difficult to find a space to park in your road? (5a) Yes [] No [] (If no, please go to question 7a) If yes, when do these problems mainly occur? (5b) (Please tick all boxes that apply) (i) Monday to Friday Morning [] Afternoon [] Evening [] Night [] (ii) Saturday Morning [] Afternoon [] Evening [] Night [] (iii) Sunday Morning [] Afternoon [] Evening [] Night [] Do you ever have to park in neighbouring roads because there is no space in your (6a) own road? Yes [] No [] (If no, please go to question 7a) When does this mainly occur? (Please tick all boxes that apply) (6b) Monday to Friday (i) Morning [] Afternoon [] Evening [] Night [] (ii) Saturday Morning [] Afternoon [] Evening [] Night [] (iii) Sunday Morning [] Afternoon [] Evening [] Night [] Do you find vehicles parking obstructively, unfairly and/or inconsiderately in your (7a) road? Yes [] No [] (If no, please go to question 8a) (7b) If yes, please give details (tick all boxes that apply). □ Footway parking □ Obstructions to access/driveway □ Double parking Vehicles not parking parallel to the kerb

- □ Vehicles left for long periods of time
- $\hfill\square$ Obstructed sightlines
- □ Inconsiderate residents/visitors
- Taking up more space than necessary
 Obstructions to through traffic
- Destructions to through traffic
- $\hfill\square$ Inconsiderate businesses/customers

□ Other please write in.....

(7c) When do these problems mainly occur? (Please tick all boxes that apply)

(i)	Monday to Friday Morning []	Afternoon []	Evening []	Night []
(ii)	Saturday Morning []	Afternoon []	Evening []	Night []
(iii)	Sunday Morning []	Afternoon []	Evening []	Night []

(8a) Do you find it difficult to turn at junctions in your road due to parked vehicles?

Yes [] No [] (If no, please go to question 9a)

(8b) If yes, please specify which junctions

(9a) Do parked vehicles in your road cause you problems as a pedestrian or non motorist (i.e. as a cyclist etc)?

Yes [] No [] (If no, please go to question 10a)

(9b) If yes, please give details (tick all boxes that apply)

Obstructed junctions	Obstructed pedestrian crossing
Footway parking	Problems for pushchairs/wheelchairs
inconsiderate parking	Heavy parking causing obstructions
Obstructions to bus stops	Dangerous for cyclists
□ Other (please write in)	

(10a) Do your visitors have problems parking in your road?

Yes [] No [] (If no, please go to question 11a)

(10b) **If yes, please give details** (tick all boxes that apply)

Difficult to find a space	No parking available for visitors
Heavy parking due to residents	Heavy parking due to non-
	residents/business users
 Problems due to inconsiderate parking 	 Problems only during school drop-off and pick-up times
 Too many parking restrictions in the road or immediate area 	 Large vehicles/commercial vehicles parked taking up all the space
□ Other (please write in)	

(10c) When do these problems mainly occur? (Please tick all boxes that apply)

(i)	Monday to Friday Morning []	Afternoon []	Evening []	Night []
(ii)	Saturday Morning []	Afternoon []	Evening []	Night []
(iii)	Sunday Morning []	Afternoon []	Evening []	Night []

(11a) When parking, do you experience problems on a regular basis from any outside public or business facility in close proximity to your road? (for example, schools, hospitals/medical centres, parks and recreation centres, public transport services, shops and restaurants etc)

Yes [] No [] (If no, please go to question 12a)

(11b) If yes, please give details.

Section 4 – Parking Overall

(12a) In your opinion, how would you describe the volume of parked vehicles in the section of road around your property?

	Very High Low	[]]		High Very Low	[[]]	Moderate	[]
(12b)	How would you ra basis?	te	the	effect	that parking	in	your	[.] road has on you c	on a day to day
	Very High Low	[[]]		High Very Low	[[]]	Moderate It has no effect	[] []
(13)	Are you happy wit	th	the	current	t parking sit	uati	ion i	n your road?	
	Yes []	Ν	lo	[]					
(14)	Would you like pa	rk	ing	issues	in your road	l to	be i	nvestigated furthe	r?
	Yes []	Ν	lo	[]					
Pleas	e give details (whe	the	er yo	u have	responded e	ithe	er ye	s or no)	
		••••					· · · · · · ·		
		••••							
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		••••							

A Controlled Parking Zone is an area where 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. Any vehicles that are parked illegally are liable to receive a penalty charge notice, issued by uniformed civil enforcement officers who would regularly patrol the area.

(15) Would you like your road to be included as part of a Controlled Parking Zone?

Yes [] No []

If you have any further comments and suggestions regarding parking in your road, or you if have any parking issues elsewhere in the area (see plan of consultation are enclosed) that you would like to raise relating to this questionnaire, please use the space provided below (please use an additional sheet if necessary).

Section 6 – General Questions

(16) Did you know that unless there are loading restrictions in force you can continuously load/unload on a yellow line for up to 40 minutes? You can also do this in a parking bay?

	Yes []	No	[]				
(17)	Are you aware of Residents Permi Visitor Vouchers Business Permi Pay by Phone PayPoint Parking Vouche	uits S ts	llowing p	ay methods	s for parking	ı within Barnet	?
	\square Other (please w	rite in).					

Section 5 – Diversity Monitoring

In order to make sure that our service is equally accessible to everyone and to help us understand the different needs of our community we would like to ask some further questions about you.

We also have a statutory requirement to collect information in relation to nine protected characteristics which are included in the Equality Act 2010. Therefore we have to ask you some personal questions.

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

The information you provide will remain strictly confidential, in accordance with the Data Protection Act 1998.

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

Female [] Male []

(17) 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+	[]

(18) 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
Ī	j	Mixed – Other
Ī	j	Other - Chinese
Ī	j	Other - Any ethnic group
ī	ī	White – British
ī	i	White - Irish
i	i	White - Greek/Greek Cypriot
i	i	White - Turkish/Turkish Cypriot
i	i	White - Any other
Ì	j	Other (Please specify)

(19) **Disability**

The Disability Discrimination Act 1995 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 []

- (20) 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).....

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

Agnostic	[]	Atheist	[]	Baha'l	[]
Buddhist	[]	Christian	[]	Hindu	[]
Humanist	[]	Jain	[]	Jewish	[]
Muslim	[]	Sikh	[]	No Religion	[]

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

Section 6 – The Questionnaire

We have tried to keep this questionnaire as short as possible but at the same time covering most areas of concern that you may have. We have used a layout and questions that we hope have been easy to follow and that will provide us with as much information as possible so we can find out how you feel about parking in your road and area. In order to let us know whether we are achieving this, we would be very grateful if you could please tell us what you thought of this questionnaire.

(22) Do you think the questionnaire has met the criteria mentioned above and enabled you to get your views across?

	Yes	[]	No	[]				
Please comment (whether you have responded either yes or no)								
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Please return your completed questionnaire to us in the prepaid envelope provided by:

Thank you for taking the time to complete this questionnaire.

Please note that due to the high volume of questionnaires distributed it will not be possible to reply individually. However, we will inform you of the outcome of this consultation.

If you have any queries regarding this questionnaire or require the questionnaire in an alternative format, please contact:

Design Team on 020 8359 3059 email: eando.consultation@barnet.gov.uk

Design Team, London Borough of Barnet, Building 4, North London Business Park, Oakleigh Road South, London N11 1NP.