

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 [✓] 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

(5a) Do you regularly find it difficult to find a space to park in your road?

Yes No (If no, please go to question 7a)

(5b) If yes, 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

(6a) Do you ever have to park in neighbouring roads because there is no space in your own road?

Yes No (If no, please go to question 7a)

(6b) When does this 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

(7a) Do you find vehicles parking obstructively, unfairly and/or inconsiderately in your road?

Yes No (If no, please go to question 8a)

(7b) If yes, please give details (tick all boxes that apply).

- | | |
|---|--|
| <input type="checkbox"/> Footway parking | <input type="checkbox"/> Obstructions to access/driveway |
| <input type="checkbox"/> Double parking | <input type="checkbox"/> Vehicles not parking parallel to the kerb |
| <input type="checkbox"/> Vehicles left for long periods of time | <input type="checkbox"/> Taking up more space than necessary |
| <input type="checkbox"/> Obstructed sightlines | <input type="checkbox"/> Obstructions to through traffic |
| <input type="checkbox"/> Inconsiderate residents/visitors | <input type="checkbox"/> 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**

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(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)

- | | |
|---|--|
| <input type="checkbox"/> Obstructed junctions | <input type="checkbox"/> Obstructed pedestrian crossing |
| <input type="checkbox"/> Footway parking | <input type="checkbox"/> Problems for pushchairs/wheelchairs |
| <input type="checkbox"/> inconsiderate parking | <input type="checkbox"/> Heavy parking causing obstructions |
| <input type="checkbox"/> Obstructions to bus stops | <input type="checkbox"/> Dangerous for cyclists |
| <input type="checkbox"/> Other (please write in)..... | |

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

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

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 [] High [] Moderate []
Low [] Very Low []

(12b) How would you rate the effect that parking in your road has on you on a day to day basis?

Very High [] High [] Moderate []
Low [] Very Low [] It has no effect []

(13) Are you happy with the current parking situation in your road?

Yes [] No []

(14) Would you like parking issues in your road to be investigated further?

Yes [] No []

Please give details (whether you have responded either yes 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).

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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 []

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(17) **Are you aware of the following pay methods for parking within Barnet?**

- Residents Permits
- Visitor Vouchers
- Business Permits
- Pay by Phone
- PayPoint
- Parking Vouchers

- Other (please write in).....

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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	<input type="checkbox"/>	45-54	<input type="checkbox"/>
18-24	<input type="checkbox"/>	55-64	<input type="checkbox"/>
25-34	<input type="checkbox"/>	65-74	<input type="checkbox"/>
35-44	<input type="checkbox"/>	74+	<input type="checkbox"/>

(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
- 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).....

(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 | <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).....

