

Appendix A

Garden Suburb Controlled Parking Zone
Review questionnaire.

Garden Suburb Controlled Parking Zone Review

Please let us have your views on parking in your area since the introduction of the Garden Suburb CPZ 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 Zone.

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

(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 usually parked on the street?**

None [] One [] Two [] Three []

If more please specify.....

(4) **Are you or is a member of your household/business/other a registered Blue Badge holder?**

Yes [] No []

Section 3 – Living alongside the Controlled Parking Zone

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

(5) **Where is your property situated?**

Within the Golders Green CPZ [] Within the Temple Fortune CPZ []

Not within a CPZ []

(6) **Have you had problems with non-residents parking in your road since the introduction of the Garden Suburb CPZ?**

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

.....

(7) **Does anyone in your household or working at your business have a problem finding a place to park since the introduction of the Garden Suburb CPZ?**

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

.....

(8) **Do your visitors/others have problems finding a place to park since the introduction of the Garden Suburb CPZ?**

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

.....

(9) **Are there any parking issues you are aware of since the introduction of the Garden Suburb CPZ in your road that you believe should be investigated further?**

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

Please give details

.....
.....
.....

(10) **Are you satisfied with the current parking situation in your road?**

Yes [] No [] Does not apply []

Don't know/not sure []

Section 4 – Parking Overall

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

(11) **Are there any parking issues you are aware of since the introduction of the Garden Suburb CPZ in your road that you believe should be investigated further?**

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

Please give details

.....
.....
.....

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

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

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

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

If you have any further comments or suggestions regarding parking in your road, or if you have any parking issues elsewhere in the area (please use an additional sheet if necessary)

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.....

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 policies 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.

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

Female ☐ Male ☐ Prefer not to say

(15) **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"/>
Prefer not to say			

(16) **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

Section 6 –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 ☐

(17) 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

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

Agnostic	<input type="checkbox"/>	Atheist	<input type="checkbox"/>	Baha'I	<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 ☐

Section 7 – 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.

- (19) 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)

[illegible]

Please return your completed questionnaire to us in the prepaid envelope provided by:
30th October 2014.

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 3037

email: eando.consultation@barnet.gov.uk

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