**Royal Borough of Windsor & Maidenhead Borough Local Plan (December 2016) Representation Form**

Ref:

(For official use only)

The Royal Borough of Windsor & Maidenhead is preparing a new Borough Local Plan.

The purpose of this consultation is to enable people to make representations on issues of content and policies prepared. All representations will be reviewed and assessed, and where appropriate, changes will be incorporated into the publication version of the Borough Local Plan which will be submitted to the Secretary of State. A consultation report will be prepared to summarise the responses to the representations.

Please note, due to the volume of representations anticipated, we will not be able to respond to individual representations.

**The consultation will run from Friday 2 December 2016 to Friday 13 January 2017**

We would encourage you to respond online at **www3.rbwm.gov.uk/blp**

If you would like to complete a hard copy of this form then please ensure completed forms are received at our offices by **5pm Friday 13 January 2017**

Scan and email to: **blp@rbwm.gov.uk**

Post hard copy to: **FREEPOST RBWM PLANNING POLICY**

|  |
| --- |
| Please note that representations must be attributable to named individuals or organisations. They will be available for public inspection and cannot be treated as confidential. Unless you tell us otherwise, we will use your contact details to let you know about future progress of the Borough Local Plan. |
| **Please tick the box if you do not wish to be notified about future consultations.** |  |

**PART A – CONTACT DETAILS**

|  |  |  |
| --- | --- | --- |
|  | **Personal Details** | **Agent Details (if applicable)** |
| **First name** |  |  |
| **Surname** |  |  |
| **Job title (if appropriate)** |  |  |
| **Address** |  |  |
| **Post Code** |  |  |
| **Telephone number** |  |  |
| **Email address** |  |  |

**PART B – YOUR REPRESENTATION**

**(Please use a separate sheet for each representation)**

|  |
| --- |
| **To which policy, site option or section does your comment relate?** |
| Policy Number |  | Site Reference |  | Section Reference/ Page Number |  |
|  |

|  |
| --- |
| **Is your representation supporting, objecting or making an observation? Please insert a tick as appropriate.** |
| Support |  | Object |  | Observation |  |

**Please use the space below to set out your comments including your reasons. If you are seeking a change, it would be helpful if you are able to outline your proposal. If you need more space, please continue on a separate sheet of paper.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** |  | **Date** |  |

#  About You

## About You

The Royal Borough of Windsor & Maidenhead uses the following information to ensure services are developed to meet the needs of all the community. We know that the monitoring questions are personal and private. We treat the information in a sensitive and confidential way as required by the Data Protection Act.

### What is your Post Code?

**Ethnic group**

**How would you describe your ethnic group?**

*(please select one answer)*

### White

*White English/Welsh/Scottish/NI* ............ 

*Irish* ......................................................... 

*Gypsy or Irish Traveller* ........................... 

### Gender

**What gender are you?**

*(please select one answer)*

### Mixed

*Other White background* ......................... 

*White and Asian* ..................................... 

*White and Black African* ......................... 

*Male* ..................................................................  *White and Black Caribbean* .................... 

*Female* .............................................................. 

*Prefer not to say* ............................................... 

### Age group

**Which of the following age categories do you fall into?**

*(please select one answer)*

*Under 16* ........................................................... 

*16-24* ................................................................. 

*25-34* ................................................................. 

*35-44* ................................................................. 

*45-54* ................................................................. 

*55-64* ................................................................. 

*65-74* ................................................................. 

*75+* .................................................................... 

### Housing Are you?

*(please select one answer)*

*A home owner* ................................................... 

*Buying on mortgage* .......................................... 

*Renting from Council* ........................................ 

*Renting from Housing Association or Trust* ......  *Renting from private landlord* ............................  *Other* ................................................................. 

*Other mixed background* ........................ 

### Asian or Asian British

*Bangladeshi* ............................................ 

*Other Asian background* ......................... 

*Tamil* ....................................................... 

*Pakistani* ................................................. 

*Korean* .................................................... 

*Indian* ...................................................... 

*Chinese* .................................................. 

### Black/African/Carribbean/Black British

*Black British* ............................................ 

*Caribbean* ............................................... 

*African* .................................................... 

*Other Black/African/Caribbean/Black British background* ............................................. 

### Other ethnic groups

*Prefer not to say* ..................................... 

*Other* ....................................................... 

*Arab* ........................................................ 

#  About You

### Belief

**How would you describe your religion or belief?**

*(please select one answer)*

*Buddhist* ............................................................ 

*Christian (all Christian denominations)* ............. 

*Hindu* ................................................................ 

*Jewish* ............................................................... 

*Muslim* .............................................................. 

*Sikh* ................................................................... 

*No religion* ......................................................... 

*Prefer not to say* ............................................... 

*Any other religion* .............................................. 

### Yourself

**Which of the following options best describes yourself?**

*(please select one answer)*

*Heterosexual* ..................................................... 

*Bisexual* ............................................................ 

*Gay* ................................................................... 

*Lesbian* ............................................................. 

*Other* ................................................................. 

*Prefer not to say* ............................................... 

### Physical disability

**Do you have any physical disability, mental health condition or illness lasting or expected to last 12 months or more?**

*(please select one answer)*

*Yes* .................................................................... 

*No* ..................................................................... 

*Prefer not to say* ............................................... 

### If yes, what is the nature of your physical disability mental health condition or illness. (Please tick all that apply)

*(please select all that apply)*

*Vision* ................................................................

*Hearing* .............................................................

*Mobility* ..............................................................

*Learning disability* .............................................

*Mental health* ....................................................

*Health diagnosis* ...............................................

*Other* .................................................................

### Other Disability

**If other, please specify here.**