

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? Section Policy Site Reference/ Number 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	
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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.

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Gender What gender are you? (please select one answer) Male 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

Ethnic group

How would you describe your ethnic group? (please select one answer)

White

White English/Welsh/Scottish/NI.	
Irish	
Gypsy or Irish Traveller	
Other White background	
Mixed	
White and Asian	
White and Black African	
White and Black Caribbean	
Other mixed background	
Asian or Asian British	
Bangladeshi	
Other Asian background	
Tamil	
Pakistani	
Korean	
Indian	
Chinese	
Black/African/Carribbean/Black Britis	h
Black British	
Caribbean	
African	
Other Black/African/Caribbean/Bla	
background Other ethnic groups	
•	
Prefer not to say	
Other	O

Arab

Belief If yes, what is the nature of your physical disability mental health condition or illness. How would you describe your religion or belief? (Please tick all that apply) (please select one answer) (please select all that apply) Buddhist Vision Christian (all Christian denominations) Hearing Hindu Mobility Jewish Learning disability Muslim Mental health Sikh Health diagnosis No religion Other Prefer not to say **Other Disability** Any other religion If other, please specify here. **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