

## 21<sup>st</sup> CENTURY WAY CYCLE ROUTE CONSULTATION QUESTIONNAIRE



We would like to receive your views and comments on the proposed 21<sup>st</sup> Century Way cycle route.

A consultation event will be held on **22<sup>nd</sup> November** at The Hub in Grosvenor and Hilbert park, between 3:30pm and 8pm. The cycle route proposals will be available to view and members of the project team will be available to answer any questions that you may have.

Alternatively, paper copies of this leaflet, plan and questionnaire are available from The Gateway, 8 Grosvenor Road, Tunbridge Wells TN1 2AB. If you have any questions regarding these proposals or require hard copies please email [business@tunbridgewells.gov.uk](mailto:business@tunbridgewells.gov.uk) or call 01892 554229. Please use the reference '21<sup>st</sup> Century Way Cycle Route Consultation' to identify the scheme.

You can respond online at [www.kent.gov.uk/21stcenturywaycyclerroute](http://www.kent.gov.uk/21stcenturywaycyclerroute). Alternatively fill in the questionnaire below and return at the consultation event or post to: 21<sup>st</sup> Century Way Consultation, Town Hall, Royal Tunbridge Wells, Kent, TN1 1RS.

**Please ensure your completed questionnaire reaches us by 20<sup>th</sup> December.**

We wish to offer our thanks in advance for all comments received.

1. Please tell us your post code\*: \_\_\_\_\_

*\*Please note: we are unable to consider your comments unless you provide a valid post code. We use this to help us to analyse our data. It will not be used to identify who you are.*

2. How did you find out about this consultation? (Please tick **all** that apply)

Press	Email	Word of Mouth	Social Media	Kerbside Notice	Other*

\*2a. If you have answered 'Other' please specify:

\_\_\_\_\_

3. Are you responding as a ...? (Please tick **one** box)

*Please select the option from the list below that most closely represents how you will be responding to this consultation.*

Resident	Business	Parish or Town Council	Voluntary or Community Sector organisation	*Other

**\*3a. If you are responding on behalf of an organisation or have selected 'other' please tell us the name of the organisation or in what capacity you are responding:**

\_\_\_\_\_

**4. To what extent do you agree or disagree with the improvements being proposed for the 21<sup>st</sup> Century Way cycle route? (Please tick *one* box)**

Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know

**5. Do you have any suggestions as to how the proposals could be improved?**

**6. If you have any other comments please provide these below.**

## About You (Optional)

We want to make sure that everyone is treated fairly and equally, and that where we take account of the needs of all those in the community.

We are therefore asking these additional questions. We won't share the information you give us with anyone else. We'll use it only to help us make decisions and improve our services.

If you would rather not answer any of these questions, you don't have to.

### 7. Are you.....? (please tick **one** box)

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
I prefer not to say	<input type="checkbox"/>

### 8. Which of these age groups applies to you? (please tick **one** box)

0 - 15	25-34	50-59	65-74	85 + over
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16-24	35-49	60-64	75-84	I prefer not to say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 9. To which of these ethnic groups do you feel you belong? (Source: 2011 census) (please tick **one** box)

<input type="checkbox"/>	White English	<input type="checkbox"/>	Asian or Asian British Indian
<input type="checkbox"/>	White Scottish	<input type="checkbox"/>	Asian or Asian British Pakistani
<input type="checkbox"/>	White Welsh	<input type="checkbox"/>	Asian or Asian British Bangladeshi
<input type="checkbox"/>	White Northern Irish	<input type="checkbox"/>	Asian or Asian British other*
<input type="checkbox"/>	White Irish	<input type="checkbox"/>	Black or Black British Caribbean
<input type="checkbox"/>	White Gypsy/Roma	<input type="checkbox"/>	Black or Black British African
<input type="checkbox"/>	White Irish Traveller	<input type="checkbox"/>	Black or Black British other*
<input type="checkbox"/>	White other*	<input type="checkbox"/>	Arab
<input type="checkbox"/>	Mixed White and Black Caribbean	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Mixed White and Black African	<input type="checkbox"/>	Other ethnic group*
<input type="checkbox"/>	Mixed White and Asian	<input type="checkbox"/>	I prefer not to say
<input type="checkbox"/>	Mixed other*		

\*If your ethnic group is not specified in the list, please describe it below:

--------------

The Equality Act 2010 describes a person as disabled if they have a longstanding physical or mental condition that has lasted, or is likely to last, at least 12 months; and this condition has a substantial adverse effect on their ability to carry out normal day-to-day activities. People with some conditions (cancer, multiple sclerosis and HIV/AIDS, for example) are considered to be disabled from the point that they are diagnosed.

**10. Do you consider yourself to be disabled as set out in the Equality Act 2010?** (please tick **one** box)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
I prefer not to say	<input type="checkbox"/>

**10a. If you answered Yes to Q10, please tell us the type of impairment that applies to you.** You may have more than one type of impairment, so please tick **all** that apply. If none of these apply to you, please select *Other*, and give brief details of the impairment you have.

<input type="checkbox"/>	Physical impairment
<input type="checkbox"/>	Sensory impairment (hearing, sight or both)
<input type="checkbox"/>	Longstanding illness or health condition, such as cancer, HIV/AIDS, heart disease, diabetes or epilepsy
<input type="checkbox"/>	Mental health condition
<input type="checkbox"/>	Learning disability
<input type="checkbox"/>	I prefer not to say
<input type="checkbox"/>	Other*

\*If Other, please specify below:

**11. Do you regard yourself as belonging to any religion or belief?** (please tick **one** box)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
I prefer not to say	<input type="checkbox"/>

**11a. If you answered Yes to Q11, which one applies to you?** (please tick **one** box)

<input type="checkbox"/>	Christian	<input type="checkbox"/>	Hindu	<input type="checkbox"/>	Muslim	Other religion, please specify below:
<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Sikh	<input type="text"/>

**12. Are you...?** (please tick **one** box)

<input type="checkbox"/>	Heterosexual/Straight	<input type="checkbox"/>	Gay woman/Lesbian	<input type="checkbox"/>	Other
<input type="checkbox"/>	Bi/Bisexual	<input type="checkbox"/>	Gay man	<input type="checkbox"/>	I prefer not to say