

We are proposing improvements to the streets and community spaces of Hoxton to make them greener, safer and more inclusive. Please share your views on the proposals below. Your views will be taken into account as part of the final design process.

1.	What is your postcode?		
2.	What is your connection to the local area?		
	Please select all that apply.		
	☐ I live here ☐ I work here ☐ I study here ☐ I own a business here ☐ I commute through here	☐ I do the school run here ☐ I visit family and friends here ☐ I visit the Sunday market ☐ I represent a local group or organisation ☐ Other	
	If other, please specify:		
3.	How do you travel around the local area?		
	Please select all that apply		
	□ Walk□ Cycle□ Bus□ London Overground/National Rail	☐ Car/van ☐ Motorcycle ☐ Taxi ☐ Other	
	If other, please specify:		



We'd like to hear your thoughts on the proposals. Please share your comments or suggestions for improvement under the relevant sections below:

4. Hoxton Street. To what extent do you agree or disagree with our proposals for a bus gate on Hoxton Street as outlined in this consultation? Strongly agree Agree Disagree Strongly disagree Not sure Comment: 5. Traffic management measures on residential streets. To what extent do you agree or disagree with our proposals for: Strongly agree Agree Disagree Strongly disagree Not sure Stanway Street Fanshaw Street Comment: 6. Proposed School Streets. To what extent do you agree or disagree with our proposals for new traffic restrictions on Hoxton Street outside St Monica's primary school, as outlined in this consultation? Strongly disagree Strongly agree Agree Disagree Not sure Comment: 7. Further street improvements. What additional initiatives would improve your experience of the local area? Please select all that apply. ☐ Growing space Secure bicycle parking facilities Cycle hire bays Seating ☐ Guided historical walks Cargo bike hire Continuous crossings for pedestrians on Adapted cycle hire models Electric vehicle charging points side roads in the area ☐ Car clubs Cycle training Other Guided cycle tours

☐ Bike repairs

	If other, please specify in the box below. Please also use the box to identify any locations where you would like to see any additional funds to be spent, should they become available. (Look out for further announcements about this)			
3. Do y	ou have any other comments or suggestions?			
Nhout	NO.			
About		s and recidents, allowing us to establish if the		
	ormation will help us to understand our service user se to the questionnaire is representative of the boro			
	s of the Data Protection Act 2018 and the General [<u> </u>		
his into	ormation is optional and will not be used in a way th	nat identifies you.		
9. Gen	der: Are you			
] Male	☐ Another term		
	Female	☐ Prefer not to say		
	Non Binary			
f you pre	efer to use your own term please provide this here:			
10. A	re you transgender or do you have a history of b	eing transgender?		
Г	Yes			
	No			
	Prefer not to say			

11.	Age: what is your age group?					
	☐ Under 16 ☐ 16-17 ☐ 18-24 ☐ 25-34 ☐ 35-44		45-54 55-64 65-74 75-84 85+			
12.	Disability: Under the Equality Act you are disabled if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities. Do you consider yourself to be disabled?					
	☐ Yes		No			
13.	Caring responsibilities					
A carer is someone who spends a significant proportion of their time providing unpaid support to a fami member, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems. D you regularly provide unpaid support caring for someone?						
	☐ Yes		No			
14.	Ethnicity: Are you					
	Asian or Asian British White or White British Black or Black British		Mixed background Other ethnic group			
Other	(please state if you wish):					
15.	Religion or belief: Are you or do you have					
	Atheist/no religious beliefChristianMuslimBuddhistHindu		Secular beliefs Charedi Jewish Sikh			
Other	(please state if you wish):					

16.	Sexu	al orientation: Are you		
	☐ B ☐ G	eterosexual isexual ay man esbian or Gay woman	☐ Pansexual☐ Asexual☐ Queer☐ All other sexual orientations	
Other	(please	state if you wish):		
17.	Hous	ing Tenure: Which of the following best descri	ibes the ownership of your home?	
		eing bought on a mortgage wned outright ented (Local Authority/Council) ented (Housing Association/Trust)	Rented (private) Shared ownership (part rent/part bu Don't know	ıy)
of th	is page a	ke to find out what this document says please tick the appropriate b nd return it to the address below. আছে সে সম্পর্কে যদি আপনি জানতে চান তাহলে অনুগ্রহ করে উপযুক্ত বাজে টিক্ দিন, এই পাতার নীে		
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