Hackney Downs Low Traffic Neighbourhood Proposed improvements Questionnaire

Please return this questionnaire in the FREEPOST envelope provided or complete online at consultation.hackney.gov.uk by 14 January 2024.

Please review all the information in the consultation document and accompanying plans before completing the questionnaire.

1. What is your postcode? (required)

2. What is your connection to Hackney?

Tick all that apply

 I live here
 I do the school run here
 Other (please state if you wish):

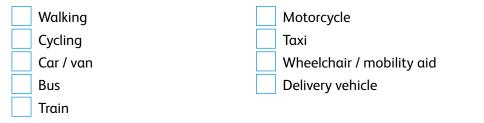
 I work here
 I visit family and friends here
 I visit family and friends here

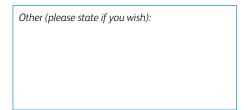
 I study here
 I represent a local group or
 I own a business here

 I own a business here
 organisation
 I commute through here

3. Please select which modes of transport you use to move around in Hackney.

Tick all that apply





4. Our ambition is to create a greener, healthier Hackney by supporting people to walk, use public transport and cycle locally, and to improve the public realm. To what extent do you agree or disagree with this aim?

Strongly agree
Agree
Disagree
Strongly disagree
Not sure





- 5. To what extent do you agree or disagree with our proposals for the Hackney Downs Low Traffic Neighbourhood as outlined in this consultation?
- Strongly agree Agree Disagree Strongly disagree Not sure
- 6. If you have any other comments on our proposals for the Hackney Downs Low Traffic Neighbourhood, please provide these here.

About you

This information will help us to understand our service users and residents, allowing us to establish if the response to the questionnaire is representative of the borough. All information is used under the strict controls of the 1998 Data Protection Act and the 2016 General Data Protection Regulations (GDPR).

This information is optional and will not be used in a way that identifies you.

7. Gender: Are you...

Μαle	Non Binary	Prefer not to say			
Female	Another term				
If you prefer to use your own term please provi					
8. Age: what is your age group?					
Under 16	45-54				
16-17	55-64				

65-74

75-84

85+

9. 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	
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18-24

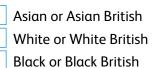
25-34

35-44

10. Caring responsibilities: A carer is someone who spends a significant proportion of their time providing unpaid support to a family member, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems. Do you regularly provide unpaid support caring for someone?

Yes	No	

11. Ethnicity: Are you...



Mixed background Other ethnic group

Other (please state if you wish):

12. Religion or belief: Are you or do you have...

 Atheist/no religious belief Christian Muslim Buddhist 	Hindu Secular beliefs Charedi Jewish	Sikh Other (please state if you wish):
13. Sexual orientation: Are you		
Heterosexual	Pansexual	Prefer not to say
Bisexual	Asexual	Other (please state if you wish):
Gay man	Queer	
Lesbian or Gay woman	All other sexual orientations	
14. Housing Tenure: Which of the Being bought on a mortgage	following best describes the owner	ship of your home?
Owned outright	Shared ownership (part	rent/part buy)
Rented (Local Authority/Council)	Don't know	
Rented (Housing Association/Trus	t)	
of this page and return it to the address below. এই দলিলে কি লেখা আছে সে সম্পর্কে যদি আপনি জানতে চান তাহলে 如果你想知道這分文件的詳細內容,請在方框內打	t says please tick the appropriate box, put your name, অনুগ্রহ করে উপযুক্ত বাস্তে টিক্ দিন, এই পাতার নীচে আপনার নাম, ঠিকানা ও ৫ 了鉤,在本頁下面寫下你的名字、地址和電話號碼並寄到 suillez cocher la case appropriée et indiquer votre nom, adresse	কান নম্বর লিখুন এবং এটি নীচের ঠিকানায় ফেরত পাঠান। (Bengali) 下面的地址 - (Chinese)
, , , ,		

Ger hun dixwazin bizanibin ku ev dokument çi dibêje, ji kerema xwe qutîka minasib işaret bikin, nav, navnîşan û hejmara telefona xwe li jêrê rûpel binivîsin û wê ji navnîşana jêrîn re bişînin. (Kurdish)

Jeśli chcesz dowiedzieć się, jaka jest treść tego dokumentu, zaznacz odpowiednie pole, wpisz swoje nazwisko, adres I nr telefonu w dolnej części niniejszej strony I przeslij na poniższy adres. (Polish)

Haddii aad jeclaan lahayd in aad ogaato waxa dokumeentigani sheegayo fadlan calaamadi godka ku haboon, ku qor magacaaga, cinwaanka iyo telefoon lambarkaaga boggan dhankiisa hoose ka dibna ku celi cinwaanka hoose. (Somali)

Si desea saber de lo que trata este documento, marque la casilla correspondiente, escriba su nombre, dirección y numero de teléfono al final de esta página y envíela a la siguiente dirección. (Spanish)

Bu dökümanda ne anlatıldığını öğrenmek istiyorsanız, lütfen uygun kutuyu işaretleyerek, adınızı, adresinizi ve telefon numaranızı bu sayfanın alt kısmına yazıp, aşağıdaki adrese gönderin. (Turkish)

اگر آپ یه جاننا چاہتے ہیں که دستاویز میں کیا لکھاہےتو ازراہ کرم مناسب باکس میں صحیح کا نشان لگائیےاوراپنا نام، پته اور فون نمبر اس صفحه کے نیچےلکھئےاوراسے نیچے دیئے گئے پته پر واپس بھیچ دیجئے- (Urdu) Nếu bạn muốn biết tài liệu này nói gì hãy đánh dấu vào hộp thích hợp, điền tên, địa chỉ và số điện thoại của bạn vào cuối trang này và gử lại theo địa chỉ dưới đây. (Vietnamese)

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