

How to have your say

Please complete the questionnaire and return it in the FREEPOST envelope provided by **27 March 2016**.

You can attend one of the following drop-in sessions and speak to a Council officer about the proposals

Date	Location
Wednesday 27 January 2016, 5pm-9pm	Queensbridge Sports and Community Centre,
Wednesday 17 February 2016, 5pm-9pm	30 Holly Street,
Saturday 27 February 2016, 3pm-7pm	London E8 3XW

For further information, visit www.hackney.gov.uk/traffic-management

About you

So we can best understand our service users and residents please complete this optional information about you. All information is used under the strict controls of the 1998 Data Protection Act.

Gender: Male Female

If you prefer to use your own term please provide this here: _____

Is your gender identity different to the sex you were assumed to be at birth?

Yes it's different No it's the same

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+

Disability: Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

Yes No

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

Ethnicity: Are you:

Asian or Asian British

White or White British

Black or Black British

Mixed background

Other (please state if you wish): _____

Religion or belief: Are you:

Atheist/no religious belief

Christian

Muslim

Buddhist

Hindu

Secular beliefs

Charedi

Jewish

Sikh

Other (please state if you wish): _____

Sexual orientation: Are you:

Bisexual

Gay man

Lesbian or Gay woman

Heterosexual

Other (please state if you wish): _____

Thank you for taking part in this questionnaire.

Please return your completed questionnaire by **27 March 2016**.

If you would like to find out what this document says please tick the appropriate box, put your name, address and phone number at the bottom of this page and return it to the address below.

এই নথিতে কি দেখা যাবে সে সম্পর্কে যদি আপনি জানতে চান তাহলে অনুগ্রহ করে উপস্থিত বাক্সে চিহ্ন দিন, এই নথির মতো আপনার নাম, ঠিকানা ও ফোন নম্বর লিখুন এবং এই নথিটিকে ঠিকানা দেবার পত্রিকা (Bengali)

如果你想知道這文件的詳細內容，請在方框內打鉤，在本頁下面寫下你的名字、地址和電話號碼並寄到下面的地址。(Chinese)

Si vous désirez connaître le contenu de ce document, veuillez cocher la case appropriée et indiquer votre nom, adresse et numéro de téléphone au bas de cette page et la renvoyer à l'adresse indiquée ci-dessous. (French)

Ger hun diwazin bizanibin ku ev dokument çî dibêje, ji kerema xwe qutika minasib îşaret 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 número 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 یہ جاننا چاہتے ہیں کہ دستاویز میں کیا لکھا ہے تو آزادہ کریم مناسب باکس میں صحیح کا نشان لگائیے اور اپنا نام، پتہ اور فون نمبر اس صفحہ کے نیچے لکھتے ہوئے اسے نیچے بھیجے۔ یہ پر واپس بھیج 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 gửi lại theo địa chỉ dưới đây. (Vietnamese)

If you would like this document in any of the following formats or in another language not listed above, please complete and send the form to the address below.

In large print **In Braille** **On Disk** **On audio tape** **In another language, please state:**

Name:	
Address	
Telephone:	

Have your say on the London Fields Traffic Management Scheme Questionnaire

Please return this questionnaire by **27 March 2016** in the FREEPOST envelope provided.

About you:

Name (optional): _____

House / flat number (required): _____

Street name (required): _____

Postcode (required): _____

Email address (optional): _____

Are you:

a resident at this address a business at this address

a visitor to the area a person who works in the area

Other, please tell us: _____

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

1. Do you support or oppose the trial installation of Option 1 – Area Wide Scheme?

Support Neither support or oppose Do not support Don't know

Please provide any comments or suggested changes to option 1

2. Do you support or oppose the trial installation of Option 2 – Closure of Middleton Road only?

- Support Neither support or oppose Do not support Don't know

Please provide any comments or suggested changes to option 2

3. Do you support or oppose the trial installation of Option 3 – Lansdowne Drive Bus Gate with possible additional Middleton Road closure?

- Support Neither support or oppose Do not support Don't know

Please provide any comments or suggested changes to option 3

4. Do you support or oppose the trial installation of Option 4 – Middleton Road Width Restriction?

- Support Neither support or oppose Do not support Don't know

Please provide any comments or suggested changes to option 4

5. Your ideas

You can submit your own ideas as option 5. Please use the box below to include your suggestions.

6. Thinking about the options presented in the consultation document, please rank the options from 1 to 5, with 1 indicating your most preferred option and 5, your least preferred option. Please note one of the options could be your own suggestion.

- Area Wide Scheme
- Closure of Middleton Road only
- Middleton Road Width Restriction
- Lansdowne Drive Bus Gate with possible additional Middleton Road closure
- Other, please tell us your ideas

7. Would you like to see improvements to Queensbridge Road and Middleton Road junction? If so, what would you like to see?

Please provide comments

8. Would you like to see improvements to Richmond Road? If so, what would you like to see?

Please provide comments

9. Please provide any other comments you may have relating to this consultation.