# Mare Street, London Lane & St Thomas's Square Junction

Proposed Road Safety scheme Questionnaire

Please return this questionnaire in the FREEPOST envelope provided or complete online at **consultation.hackney.gov.uk** by **10 November.** 

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):

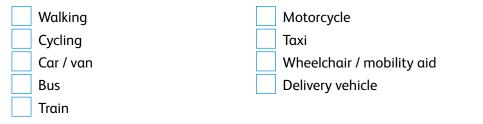
 I work here
 I visit family and friends here
 I study here

 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



Other (please state if you wish):

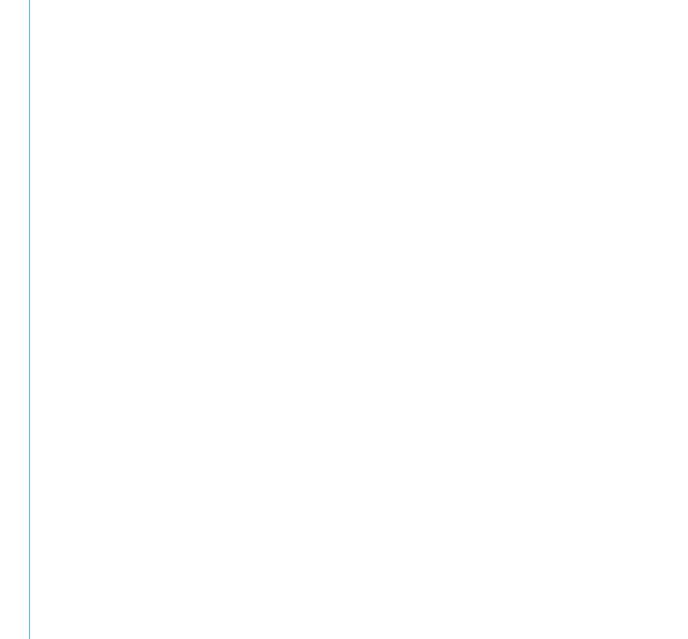
4. Hackney by supporting people to walk use public transport, cycle locally, and by improving the public realm. To what extent do you agree or disagree with this aim?

Strongly agree
Agree
Disagree
Strongly disagree
Not sure





- 5. To what extent do you agree or disagree with our proposals for the road safety scheme at Mare Street, London Lane & St Thomas's Square Junction 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 road safety scheme at Mare Street, London Lane & St Thomas's Square Junction, 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...

Male Female	Non Binary Another term	Prefer not to say
If you prefer to use your own term plea	ase provide this here:	
8. Are you transgender	or do you have a history of being tra	ansgender?
Yes	No	Prefer not to say
9. Age: what is your age	e group?	
Under 16	45-54	
16-17	55-64	
18-24	65-74	
25-34	75-84	
35-44	85+	

10. 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		Yes
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No

11. 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		
12. Ethnicity: Are you			
Asian or Asian British White or White British	Mixed background Other ethnic group	Other (please state if you wish):	
Black or Black British			

## 13. Religion or belief: Are you or do you have...

Atheist/no religious belief	Hindu	Sikh			
Christian	Secular beliefs	Other (please state if you wish):			
Muslim	Charedi				
Buddhist	Jewish				
14. 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				
15. Housing Tenure: Which of the following best describes the ownership of your home?					
Being bought on a mortgage	Rented (private)				
Owned outright	Shared ownership (part	: rent/part buy)			
Rented (Local Authority/Council)	Don't know				
Rented (Housing Association/Trust	t)				

# 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.

$\square$	এই দলিলে কি লেখা আছে সে সম্পর্কে যদি আপনি জানতে চান তাহলে অনুগ্রহ করে উপযুক্ত বাজে টিক্ দিন, এই পাতার নীচে আপনার নাম, ঠিকানা ও ফোন নম্বর লিখুন এবং এটি নীচের ঠিকানায় ফেরত পাঠানা (Bengali)
	如果你想知道這分文件的詳細內容,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 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 چاهتے هیں که دستاریز میں کیا لکھامے تو ازراہ کرم مناسب باکس میں صحیح کا نشان لگائےاوراینا نام، بته اور فون نمبر اس صفحه کے نیجے لکھئےاورامے نیچے دیئے گئے بته پر واپس بعیج دیجے– (Urdu) Néu bạn muốn biết tài liệu này nói gì hãy đánh đấu 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) אויב ווילט איר וויסן اואָס דער דאָקומענט זאגט, ביטע טיק די פאסיגע קעסטל, שרייב דיין נאָמען, אַדרעס און טעלעפאָן נומער און שיק עס צוריק צו די אַדרעס אונטן. (Yiddish)
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