

Whiston Road

Proposed traffic calming measures

Questionnaire

Please return this questionnaire in the FREEPOST envelope provided or complete online at

 consultation.hackney.gov.uk by **16 January 2025**.

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

- | | |
|---|--|
| <input type="checkbox"/> I live here | <input type="checkbox"/> I do the school run here |
| <input type="checkbox"/> I work here | <input type="checkbox"/> I visit family and friends here |
| <input type="checkbox"/> I study here | <input type="checkbox"/> I represent a local group or organisation |
| <input type="checkbox"/> I own a business here | |
| <input type="checkbox"/> I commute through here | |

Other (please state if you wish):

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

Tick all that apply

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Cycling | <input type="checkbox"/> Taxi |
| <input type="checkbox"/> Car / van | <input type="checkbox"/> Wheelchair / mobility aid |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Delivery vehicle |
| <input type="checkbox"/> Train | |

Other (please state if you wish):

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 Whiston Road as outlined in this consultation?

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Not sure

6. If you have any other comments on our proposals for Whiston Road, 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 Non Binary Prefer not to say
 Female Another term

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

8. Are you transgender or do you have a history of being transgender?

- Yes No Prefer not to say

9. Age: what is your age 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 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 Mixed background
 White or White British Other ethnic group
 Black or Black British

Other (please state if you wish):

13. 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):

14. Sexual orientation: Are you...

- Heterosexual
 Bisexual
 Gay man
 Lesbian or Gay woman

- Pansexual
 Asexual
 Queer
 All other sexual orientations

- Prefer not to say

Other (please state if you wish):

15. Housing Tenure: Which of the following best describes the ownership of your home?

- Being bought on a mortgage
 Owned outright
 Rented (Local Authority/Council)
 Rented (Housing Association/Trust)
 Rented (private)
 Shared ownership (part rent/part buy)
 Don't know

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 দলিলে কি লেখা আছে সে সম্পর্কে যদি আপনি জানতে চান তাহলে অনুগ্রহ করে উপযুক্ত বাক্সে টিক দিন, এই পাতার নিচে আপনার নাম, ঠিকানা ও ফোন নম্বর লিখুন এবং এটি নিচের ঠিকানায় ফেরত পাঠান। (Bengali)
- 如果你想知道這分文件的詳細內容，請在方格內打鉤，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 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 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 یہ جاننا چاہتے ہیں کہ دستاویز میں کیا لکھا ہے تو ازراہ کرم مناسب باکس میں صحیح کا نشان لگائیے اور اپنا نام، پتہ اور فون نمبر اس صفحہ کے نیچے لکھیے اور اسے نیچے دئے گئے پتہ 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)
- אויב ווילט איר וויסן וואס דער דאקומענט זאגט, ביטע טיך די פאסיגע קעסטל, שרייב דיין נאמען, אַדרעס און טעלעפאן נומער און שיק עס צוריק צו די אַדרעס אונטן. (Yiddish)

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: _____

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