

Kingswood town council consultation

The Council are carrying out a review of the way decisions are made on local issues in your area and want to hear your views. We want to know if you would like a Town Council created to represent the interests of Kingswood.

Details of the the consultation can be found on our consultation page - <https://consultations.southglos.gov.uk/Kingswood>

Q1 Do you think increased local representation through a town council could help improve your neighbourhood area?

- Yes
- No
- Possibly
- Don't Know

Q2 Do you think a new town council would give your community a stronger voice?

- Yes
- No
- Possibly
- Don't know

Q3 Do you think the potential town council outlined in the illustrative map could give the opportunity for local people to set local priorities for local services? (Please visit our consultation page to view and download the map)

- Yes
- No
- Possibly
- Don't know

Q4 Do you think the potential town council could help grow a stronger sense of community feeling or identity where you live?

- Yes
- No
- Possibly
- Don't know

Q5 As well as South Gloucestershire ward councillors, residents in the unparished areas may be represented by other forms of community governance arrangements. Do you know what these are in your local area?

- Yes
- No
- Not sure

Q6 What improvements to the opportunities for you to have your say, if any, would you like to make to the current governance arrangements in your area?

Q7 Which of the following options would you prefer?

- Create a new town council for Kingswood
- Join with a neighbouring parish area (**please state below**)
- No change, stay as we are now
- No preference
- Don't know

If you selected, 'join with a neighbouring parish area', which parish do you suggest?

Q8 Please use this space to make any other comments you would like to make.

Q9 Please tell us your full postcode:

Q10 Are you responding as?

- | | |
|---|---|
| <input type="checkbox"/> A local resident | <input type="checkbox"/> A local voluntary or community group |
| <input type="checkbox"/> A town or parish council | <input type="checkbox"/> A local business |
| <input type="checkbox"/> A South Gloucestershire Councillor | <input type="checkbox"/> Other |

If other, please state:

About You

Please answer the following optional questions about yourself. Any personal information that you supply will be held by South Gloucestershire Council in accordance with the Data Protection Act 2018 and UK General Data Protection Regulations 2021. This information will only be used as part of this consultation and personal information will not be published or passed onto any other organisation. Our privacy notice, which explains how we will process your personal information, how long we will retain it and your rights as a data subject, is available at www.southglos.gov.uk/privacy.

Q11 Are you?

- | | | | |
|-------------------------------|---------------------------------|--------------------------------|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Other | <input type="checkbox"/> Prefer not to say |
|-------------------------------|---------------------------------|--------------------------------|--|

Q12 How old are you?

- | | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 25 to 44 | <input type="checkbox"/> 65 to 74 | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> 18 to 24 | <input type="checkbox"/> 45 to 64 | <input type="checkbox"/> Over 75 | |

Q13 Do you consider yourself to be disabled? (please tick all that apply)

- No**
- Prefer not to say**
- Yes** - Physical impairment, such as difficulty using arms or mobility issues which may mean using a wheelchair or crutches
- Yes** - Sensory impairment, such as being blind / having a serious visual impairment or being deaf / have a serious hearing impairment
- Yes** - Mental health condition, such as depression, anxiety or schizophrenia
- Yes** - Learning disability/difficulty (such as Down's Syndrome, dyslexia, dyspraxia) or cognitive impairment (such as autistic spectrum disorder)
- Yes** - Long standing illness or health condition, such as cancer, HIV, diabetes, chronic heart disease or epilepsy
- Yes** - Other (please state below)

If other, please state:

Q14 Your ethnicity:

- | | |
|---|---|
| <input type="checkbox"/> Arab | <input type="checkbox"/> Mixed/Multiple Ethnic Groups – White & Black African |
| <input type="checkbox"/> Asian/Asian British – Bangladeshi | <input type="checkbox"/> Mixed/Multiple Ethnic Groups – White & Black Caribbean |
| <input type="checkbox"/> Asian/Asian British – Indian | <input type="checkbox"/> Mixed/Multiple Ethnic Groups – Other (please state) |
| <input type="checkbox"/> Asian/Asian British – Pakistani | <input type="checkbox"/> White – English/Welsh/Scottish/Northern Irish/British |
| <input type="checkbox"/> Asian/Asian British – Chinese | <input type="checkbox"/> White – Gypsy or Irish Traveller |
| <input type="checkbox"/> Asian/Asian British – Other (please state) | <input type="checkbox"/> White - Irish |
| <input type="checkbox"/> Black/African/Caribbean/Black British – African | <input type="checkbox"/> White - Roma |
| <input type="checkbox"/> Black/African/Caribbean/Black British – Caribbean | <input type="checkbox"/> White – Other (please state below) |
| <input type="checkbox"/> Black/African/Caribbean/Black British – Other (please state) | <input type="checkbox"/> Other ethnic group (please state below) |
| <input type="checkbox"/> Mixed/Multiple Ethnic Groups – White & Asian | <input type="checkbox"/> Prefer not to say |

If other, please state:

Thank you for completing the survey.

Please return your completed responses by 7th January 2022 to:

Freepost COMMUNITY GOVERNANCE REVIEW

Please ensure COMMUNITY GOVERNANCE REVIEW is in capitals for this to work at the Royal Mail sorting centre