Ealing Council

LOCAL DEVELOPMENT FRAMEWORK
Issues & Options for Spatial Planning
Core Strategy and Sites Allocations DPDs
Public Participation Jan-March 2006



Issues and Options Response Form

Please return all completed forms to the Planning Policy &

Development Advice Section:

Email Address: planpol@ealing.gov.uk

Postal Address:

Planning Policy & Development Advice Section

Ealing Council

ink.

5th Floor Contact Details

Perceval House Website: www.ealing.gov.uk/planpol

14-16 Uxbridge Road Phone: 020 8825 5428 London W5 2HL Fax: 020 8579 5453 For Office Use

Reference:

Date received:

Acknowledged:

Entered:

Please fill out this questionnaire based on your responses to the Issues and Options Paper. You may download an electronic version of this form at www.ealing.gov.uk/planpol.. You may photocopy this questionnaire or obtain further copies from the Planning Policy and Development Advice Section. If you need any help with completing the questionnaire, please contact us. If you are using a paper copy, please complete all sections in block capitals, in black

Name and Address
 Debbie Haynes
 Greenford Avenue, Hanwell
 Postcode W7 1AD

Organisation IMPACT ON & Hanwell Community Centre,

Email address
Debbieehaynes@yahoo.co.uk

Daytime Telephone No. 020 85759911

2. Agent's Name & Address (if applicable)

IMPACT ON & HANWELL COMMUNITY CENTRE< WESTCOTT CRESCENT HANWELL

Postcode W7 1PD

Fax

Email address Impact-on@btconnect.com

Telephone 0208 5759911



Questions and answers to be included here....

Communication, making the application forms more users friendly and more accessible.

Impact works with Adults with Learning Difficulties how are the council going to feedback and communicate with these people to ensure they understand the planning process?

Signature

Name D HAYNES

Date 17th February 2006

Please notify me when the Preferred Options Report is published: Yes

Thank you. Under the Data Protection Act 1998 we need your consent to process the above information. By returning the form to us we assume you are giving your consent for this to occur.

Please send your completed questionnaire no later than 5pm **31 March 2006**. Each form will be acknowledged and responded to. Please return it to us in the prepaid envelope enclosed or: By fax to: 020 8579 5453 (please also post the original)

Or by email to: planpol@ealing.gov.uk. To return this questionnaire electronically you should save it as your own document, fill it in, and attach it to your own e-mail in response.



Equal

Opportunities Monitoring - LDF Issues & Options Consultation

To help us to meet the needs of our diverse community and improve ways of making our consultations and services available to all, could you please complete the following questions:

| 1. | Are you filling in this questionnaire as an individual or as a member of an organisation? |
|----|---|
| 2. | What is your age group? Under 16 |
| 3. | Are you male |
| 4. | What is your ethnic group? Choose ONE section from A to E, then tick the appropriate box to indicate your cultural background. A. White / British Irish |
| | Any other White background, please write in |
| | B. Mixed |
| | White and Black Caribbean |
| | White and Black African |
| | White and Asian |
| | Any other Mixed background, please write in |
| | C. Asian or Asian British |
| | Indian |
| | Pakistani |
| | Bangladeshi |
| | Any other Asian background, please write in |
| | D. Black or Black British |
| | Caribbean |
| | African |
| | Any other Black background, please write in |
| | E. Chinese or other ethnic group |
| | Chinese |
| | Any other, please write in |
| | |
| 5. | Do you have a disability? Yes No / |

Thank you. To return this questionnaire you should save it as your own document, fill it in, and attach it to your own e-mail in response. The information will not be given to anybody else. Under the Data Protection Act 1998 we need your consent to process it. By returning it to us we assume you are giving your consent for this to occur.

