Consultation on the St Dunstan’s regeneration scheme

Name: ..............................................................................................................................................................................
Address: ..............................................................................................................................................................................
.................................................................................................................................................................................... Postcode: ..............................................................................................................................................................................

1. You are: (Tick all that apply)

☐ A Canterbury city centre resident
☐ A Canterbury City Council area resident – not in the city
☐ A worker in Canterbury city centre
☐ A visitor to Canterbury city centre
☐ A public transport operator/owner
☐ A business operator/owner
☐ A taxi operator/driver
☐ Other (please specify) .................................................................

2. Which of these modes of transport do you regularly use in Canterbury city centre? (Tick all that apply)

☐ On Foot
☐ Bicycle
☐ Car – as driver
☐ Car – as passenger
☐ Mobility scooter/wheelchair
☐ Taxi
☐ Bus
☐ Park and Ride
☐ Motorcycle/moped
☐ Train

3. Which is your preferred option? (Tick one)

☐ Option A
☐ Option B
☐ Option C
☐ Option D
☐ Option E

4. Which statements best describe your choice? (Tick all that apply)

☐ Improve attractiveness of the city centre
☐ Improve safety
☐ Reduce traffic congestion
☐ Provide opportunities for businesses to thrive
☐ Preserve the Westgate Towers

If you have any other comments on your preferred proposal, please write them in the box:

..............................................................................................................................................................................
Should traffic be allowed to travel through the Westgate Towers (with a width restriction in place)?

☐ Yes  ☐ No

What are your views on the following general proposals?

<table>
<thead>
<tr>
<th>Proposal</th>
<th>Agree</th>
<th>Disagree</th>
<th>Don't know/unsure</th>
<th>What are the reasons for your response?</th>
</tr>
</thead>
<tbody>
<tr>
<td>St Dunstan’s should be a 20mph zone</td>
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<td></td>
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<tr>
<td>Pound Lane should be closed to traffic</td>
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<tr>
<td>Widened footways should be put in throughout the area</td>
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<tr>
<td>A new crossing should be put in on Station Road West</td>
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<tr>
<td>A weight restriction should be implemented in the area</td>
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<tr>
<td>Remove the level crossing</td>
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</tbody>
</table>

About You

We want to make sure that everyone is treated fairly and equally, and that no one gets left out. That’s why we are asking you these questions. We won’t share the information you give us with anyone else. We’ll use it only to help us make decisions, and improve our services.

If you would rather not answer any of these questions, you don’t have to.

Q1. Are you...?  ☐ Male  ☐ Female  ☐ I prefer not to say

Q2. How old are you?  

The Equality Act 2010 describes a person as disabled if they have a longstanding physical or mental condition that has lasted, or is likely to last, at least 12 months; and this condition has a substantial adverse effect on their ability to carry out normal day-to-day activities. People with some conditions (cancer, multiple sclerosis and HIV/AIDS, for example), are considered to be disabled from the point that they are diagnosed.

Q3. Do you consider yourself to be disabled as set out in the Equality Act 2010?  ☐ Yes  ☐ No  ☐ I prefer not to say

Q4. If you answered Yes to Q3, please tell us which type of impairment applies to you.

You may have more than one type of impairment, so please select all the impairments that apply to you. If none of these applies to you, please select Other, and write in the type of impairment you have.

☐ Physical impairment  ☐ Mental health condition
☐ Sensory impairment (hearing, sight or both)  ☐ Learning disability
☐ Long standing illness or health condition, such as cancer, HIV/AIDS, heart disease, diabetes or epilepsy  ☐ Other, please specify:
☐ I prefer not to say

Thank you for providing this information, your feedback is important to us.

The deadline for responses is 9 December 2013