



Draft Bootle Area Action Plan: 14th August to 6th November 2023

Feedback form

Once completed send to us by: Email to: bootleaap@sefton.gov.uk or
Post to: **Planning Department, Ground Floor, Magdalen House, Trinity Road,
Bootle L20 3NJ**

This form is also available to complete at www.sefton.gov.uk/bootleaap.

At the end of the survey, we will be asking some questions about you. These are optional and you can answer as many or as few as you like. All data will be managed in accordance with our Privacy Notice which is included at the back of this form.

This information will help us to understand any gaps in groups / sectors of responses and to allow us to do more to make sure our consultations are open and fair.

We will also ask for your postcode and if you live or work in Bootle. This will help us understand if the feedback has come from local residents, business owners or those with other connections to the town.

Section 1 About You

1. Name: _____

2. Please tell us the first part of your postcode (e.g. L20 or L5). _____

3. Are you responding as:

Local resident ☐ Local business owner ☐ Visitor ☐ Other (please specify) ☐

4. If you are making comments on behalf of an organisation or group, please specific who:

Please set out your comments on the draft Bootle Area Action Plan below.

You may wish to identify which section, policy, or paragraph that your comment relates to.

Continue over...

If you would like us to keep you updated about the Bootle Area Action Plan process and future consultation events, please add your email address below:

Information regarding how your data will be used and stored is included within the privacy notice.

Equalities and Monitoring Questions

We would now like to ask some questions about you. Please note these are optional and in accordance with our Privacy Notice. You can complete as much or as little as you wish.

1. How old are you?

- | | | | |
|-----------------------------------|----------------------------------|----------------------------------|--|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 18 - 29 | <input type="checkbox"/> 30 - 39 | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> 40 - 49 | <input type="checkbox"/> 50 - 59 | <input type="checkbox"/> 60 - 69 | |
| <input type="checkbox"/> 70 - 79 | <input type="checkbox"/> 80 - 84 | <input type="checkbox"/> 85+ | |

2. Are you

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

3. People who are planning to, started to or have changed their sex are protected by the Equalities Act. Are you planning to, started to or have changed your sex? This is called gender reassignment.

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|------------------------------|-----------------------------|--|

3a. If you answered 'yes' to the above, do you currently identify with your birth sex?

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|------------------------------|-----------------------------|--|

3b. If you answered 'No' to 3a, are you:

- | | | |
|--------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Transgender | <input type="checkbox"/> Non-binary | <input type="checkbox"/> Define differently |
|--------------------------------------|-------------------------------------|---|

☐ Prefer not to say Please tell us how you identify

4. How would you describe your sexual orientation?

- | | |
|--|---|
| <input type="checkbox"/> Heterosexual/straight | <input type="checkbox"/> Gay |
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Bisexual |
| <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Define differently |

Please tell us how you identify

5. Disability: Do you have any of the following (please tick all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Physical Impairment | <input type="checkbox"/> Visual impairment |
| <input type="checkbox"/> Learning Difficulty | <input type="checkbox"/> Hearing impairment/deaf |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Long-term illness that affects your daily life |
| <input type="checkbox"/> Autism/Asperger's | <input type="checkbox"/> Dementia |
| <input type="checkbox"/> Mental health condition | <input type="checkbox"/> Prefer not to say |

6. Please read the following statement...

If you have ticked any of the boxes above, or you have cancer, diabetes or HIV this would be classed as 'disability' under the legislation. Do you consider yourself to be 'disabled'?

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|------------------------------|-----------------------------|--|

7. What is your religion/belief?

- | | | |
|---|------------------------------------|--------------------------------|
| <input type="checkbox"/> No religion/belief | <input type="checkbox"/> Christian | <input type="checkbox"/> Hindu |
| <input type="checkbox"/> Muslim | <input type="checkbox"/> Jewish | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Prefer not to say | Other religion/belief | <input type="text"/> |

8. Race/ethnicity (please note that Sikh and Jewish are collected in the Religion/Belief Section above) – do you identify as:

- ☐ Prefer not to say

Asian or Asian British

- | | | | |
|----------------------------------|--------------------------------------|------------------------------------|--------------------------------|
| <input type="checkbox"/> Indian | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Black |
| <input type="checkbox"/> Chinese | Other Asian background | <input type="text"/> | |

Black or Black British

- | | | |
|----------------------------------|------------------------------------|--------------------------------|
| <input type="checkbox"/> African | <input type="checkbox"/> Caribbean | <input type="checkbox"/> Asian |
| <input type="checkbox"/> British | Other black background | <input type="text"/> |

Mixed Ethnic Background

- | | | |
|--|--|----------------------|
| <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> White and Black African | |
| <input type="checkbox"/> White and Asian | Other mixed background | <input type="text"/> |

White

- | | | | | | |
|--|----------------------------------|-------------------------------------|-----------------------------------|----------------------------------|---|
| <input type="checkbox"/> Welsh | <input type="checkbox"/> English | <input type="checkbox"/> British | <input type="checkbox"/> Scottish | <input type="checkbox"/> Irish | <input type="checkbox"/> Northern Irish |
| Other background <input type="text"/> | | | | | |
| <input type="checkbox"/> Gypsy/Irish Traveller | <input type="checkbox"/> Polish | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Roma | <input type="checkbox"/> Latvian | |

