**Consultation Response Form**

**Proposal to open new additional learning provision for secondary age learners from across Conwy with autism and associated neurodevelopmental difficulties in Ysgol Aberconwy**

**PLEASE RETURN NO LATER THAN 13:00 on 17th April, 2020**

To: Dr Lowri Brown, Head of Education Services,

Post: Education Services

PO Box 1

Conwy

LL30 9GN

E-mail: School.Modernisation@conwy.gov.uk

I am:- (Tick appropriate boxes)

The parent of a child currently at the school

The parent of a prospective pupil

The parent of a child at another school

A member of staff at the school

A member of staff at another school

A governor of the school

A governor of another school

Other interested party

Name of other school or interested party:

Have you read the consultation document? YES / NO (Delete as appropriate)

Did you attend the public event? YES / NO (Delete as appropriate)

Are you in favour of the proposal to open new additional learning provision at Ysgol Aberconwy?

Yes No

Please add any comments or observations you may have about the proposal: -

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

Do you wish to receive notification via email link of the Consultation Report once published on Conwy County Borough Council Education Services webpage?

YesNo

If ‘Yes’ please provide email address:

Date of completion of questionnaire: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Equality Questions**

In order to monitor the effectiveness of our engagement activity and to ensure it is delivered in a way that is fair to all and free from bias, we would appreciate your cooperation in providing on an entirely voluntary basis, the information as requested below.

The information is confidential and anonymous, and will be used solely for statistical monitoring purposes. It is separated from any correspondence received from you.

**What is your age?**

|  |  |
| --- | --- |
|  | 0-15 |
|  | 16-24 |
|  | 25-34 |
|  | 35-44 |
|  | 45-54 |
|  | 55-64 |
|  | 65-74 |
|  | 75 and over |
|  | Prefer not to say |

**What is your gender?**

|  |  |
| --- | --- |
|  | Male |
|  | Female |
|  | Prefer to self describe |
|  | Prefer not to say |

If **‘prefer to self describe’** please tell us more

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender identity**

**Do you consider yourself to be transgender?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Prefer not to say |

**Disability**

**Do you have a physical or mental health condition or other impairment that has lasted, or is likely to last at least 12 months, or is of a progressive nature?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Prefer not to say |

If **‘yes’**, please provide more details

|  |  |
| --- | --- |
|  | Learning disability / difficulty |
|  | Physical impairment |
|  | Sensory impairment |
|  | Mental health condition |
|  | Long standing illness / health condition |
|  | Other |
|  | Prefer not to say |

**Caring Responsibilities**

**Do you look after or give help or support to family members, friends, neighbours or others because of:**

* **learning disability / difficulty**
* **long term physical or mental ill-health / disability; or**
* **problems related to old age**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Prefer not to say |

If **‘yes’**, please note how many hours per week approximately this takes

|  |  |
| --- | --- |
|  | 1-19 hours |
|  | 20-49 hours |
|  | 50 hours or more |

**What is your national identity?**

|  |  |
| --- | --- |
|  | Welsh |
|  | English |
|  | Scottish |
|  | Northern Irish |
|  | British |
|  | Irish |
|  | Other European |
|  | Other |
|  | Prefer not to say |

If ‘**other**’ please tell us more

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Which ethnic group best describes you?**

|  |  |
| --- | --- |
|  | White |
|  | Black |
|  | Chinese |
|  | Indian |
|  | Pakistani |
|  | Bangladeshi |
|  | Mixed heritage |
|  | Gypsy or traveller |
|  | Other |
|  | Prefer not to say |

If ‘**other**’ please tell us more

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your preferred language? (speaking)**

|  |  |
| --- | --- |
|  | Welsh |
|  | English |
|  | Both English and Welsh |
|  | British Sign Language (BSL) |
|  | Other |

If ‘**other**’ please tell us more

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your preferred language? (writing)**

|  |  |
| --- | --- |
|  | Welsh |
|  | English |
|  | Both English and Welsh |
|  | British Sign Language (BSL) |
|  | Other |

If ‘**other**’ please tell us more

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**What is your religion?**

|  |  |
| --- | --- |
|  | None |
|  | Christian |
|  | Jewish |
|  | Muslim |
|  | Buddhist |
|  | Hindu |
|  | Sikh |
|  | Other |
|  | Prefer not to say |

If ‘**other**’ please tell us more

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your sexual orientation?**

**Please indicate which term would best describe your sexual orientation**

|  |  |
| --- | --- |
|  | Heterosexual / straight |
|  | Bisexual |
|  | Gay man |
|  | Gay woman / lesbian |
|  | Other |
|  | Prefer not to say |

If ‘**other**’ please tell us more

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your marital status?**

|  |  |
| --- | --- |
|  | Married |
|  | In a civil partnership |
|  | Single |
|  | Legally separated |
|  | Divorced |
|  | Widowed |
|  | Prefer not to say |
|  |  |

**Thank you for your time**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_For office use only\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date of receipt of completed questionnaire: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date entered onto database: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Data Protection.** Conwy County Borough Council is the Data Controller for the purposes of the General Data Protection Regulation 2016/Data Protection Act 2018. Conwy County Borough Council will manage the information you provide in a manner that conforms to the General Data Protection Regulation 2016/Data Protection Act 2018. The information you provide will only be used to provide you with feedback on the above. To view a full privacy notice and more please visit <http://www.conwy.gov.uk/en/Council/Access-to-Information/Privacy-Notices/How-Conwy-County-Borough-Council-uses-your-Information.aspx>