

**Revised Statement of Community Involvement 2019**

**Consultation Response Form**

The council has published a revised Statement of Community Involvement for public consultation and your comments are invited. It is a factual update and will replace the adopted Statement of Community Involvement 2013. The document can be found on our website [here](https://www.bedford.gov.uk/planning-and-building/planning-policy-its-purpose/community-involvement-sci/), and is also available to view at borough libraries and the Customer Service Centre during normal opening hours.

Please complete the form below by **25th July 2019** at **5pm.** Please note that late representations will not be accepted.

**GDPR and the Data Protection Act 2018.**

Under new Data Protection regulations (GDPR) Bedford Borough Council needs

to inform you of the reasons why we are capturing your data and what we will do with your data. Any personal data collected and/or processed under this policy/ procedure will be dealt with in accordance with Data Protection Legislation and the Council’s Data Protection Policy. Data is held securely and accessed by, and disclosed to, only individuals where relevant to this policy/procedure. To find out more information on this follow the link below. To view the council’s current Privacy Notices visit <www.bedford.gov.uk/gdprprivacy>

Comments received will be published, but personal information will not be.

**Personal Details**

1. Are you making this representation? (Please mark with x as appropriate)
2. Resident or member of the general public or
3. Local Authority or Town / Parish Council or
4. Landowner or
5. Agent / consultant (on behalf of)

Other organisation

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 **2. Personal details**

 **3. Agent’s details**

**Title**

**First name**

**Last name**

**Job title**

**(where relevant)**

**Organisation (where relevant)**

**Flat/House number/ name**

**Street**

**Town**

**County**

**Postcode**

**Telephone**

**number**

**E-mail address**

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The Statement of Community Involvement is structured in four parts. These are:

**Part 1: Plan making** - Publicity and consultation on plans and planning policy documents

**Part 2: Development management** – Publicity and consultation in development management (dealing with planning and other related applications)

**Part 3: Publicity and consultation in the neighbourhood Planning Process**

**Part 4: General Information**

If you have any comments you would like to make in relation to the Statement of Community Involvement, please add them under the relevant sections below.

**Q1 Do you have any comments about Part 1 of the Statement of Community Involvement?**

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**Q2 Do you have any comments about Part 2 of the Statement of Community Involvement?**

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**Q3 Do you have any comments about Part 3 of the Statement of Community Involvement?**

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**Q4 Do you have any comments about Part 4 of the Statement of Community Involvement?**

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**Please email your completed form to:**

planningforthefuture@bedford.gov.uk

Or send a copy of your completed form by post to:

Planning Policy Team, Bedford Borough Council

Room 415, Borough Hall

Cauldwell Street

Bedford

MK42 9AP

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|  | **ABOUT YOU** |

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|  | **Are you responding as an individual, or on behalf of an organisation?** (please tick one box only) |
|  |   | Individual |  |   | Organisation |

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|  | **If you are responding on behalf of an organisation please tell us which organisation, and the name of the individual completing the** **form.** (please type in) |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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|  | **Please give your email address here if you have one, or other contact details.**  (please type in) |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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|  | **If you are responding as an individual please tell us a little about yourself.****The following information is for our records, and aims to ensure that we listen to the views of all sectors of our community. It will help** **us understand responses in greater detail by seeing 'who thinks what'. Like the rest of the form, all the questions are optional and any responses received will be treated in confidence.** |

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|  | **Name** (please type in) |
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|  | **Address** (please type in) |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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|  | **In what capacity/capacities are you responding i.e. resident of the Borough, cyclist, dog owner etc .....** (please type in) |
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|  | **Gender** (please tick one box only) |
|  |   | Male |  |   | Female |  |   | Prefer not to say |

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|  | **If female, are you currently pregnant?** (please tick one box only) |
|  |   | Yes |  |   | No |  |   | Prefer not to say |

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|  | **Is your present gender the one you were assigned at birth?** (please tick one box only) |
|  |   | Yes |  |   | No |  |   | Prefer not to say |

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|  |  **What is your age?** (please tick one box only) |
|  |   | Under 18 |  |   | 25 - 34 |  |   | 45 - 54 |  |   | 65 +  |
|  |   | 18 - 24 |  |   | 35 - 44 |  |   | 55 - 64 |  |   | Prefer not to say |

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|  | **Do you have any of the following conditions?** (please tick all that apply) |
|  |   | A physical disability |  |   | Learning difficulties |  |   | Prefer not to say |
|  |   | A sensory disability |  |   | Any other long term condition |  |  |  |
|  |   | A mental health condition |  |   | None of the above |  |  |  |

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|  | **What is your Ethnic Group?** (please tick one box only) |
|  |   | WHITE English / Welsh/ Scottish / Northern Irish / British |  |   | MIXED Other  |
|  |   | WHITE Irish |  |   | ASIAN Indian |
|  |   | WHITE Gypsy or Irish Traveller |  |   | ASIAN Pakistani |
|  |   | WHITE Other  |  |   | ASIAN Bangladeshi |
|  |   | BLACK OR BLACK BRITISH Caribbean |  |   | CHINESE |
|  |   | BLACK OR BLACK BRITISH African |  |   | ASIAN Other  |
|  |   | BLACK OR BLACK BRITISH Other  |  |   | ARAB |
|  |   | MIXED White & Black Caribbean |  |   | OTHER  |
|  |   | MIXED White & Black African |  |   | Prefer not to say |
|  |   | MIXED White & Asian |  |  |  |
|  | **Please specify 'other'** |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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|  | **Please click 'next' to continue** |
|  | **ABOUT YOU** |

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|  | **Which of the following best describes your religion or belief?** (please tick one box only) |
|  |   | Buddhist |  |   | Jewish |  |   | No religion |
|  |   | Christian |  |   | Muslim |  |   | Other |
|  |   | Hindu |  |   | Sikh |  |   | Prefer not to say |
|  | **Please specify 'other'** |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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|  | **Which of the following best describes your sexual orientation?** (please tick one box only) |
|  |   | Bisexual |  |   | Gay woman/Lesbian |  |   | Other |
|  |   | Gay man |  |   | Heterosexual/Straight  |  |   | Prefer not to say |

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|  | **Please click 'next' to continue** |
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|  | **Thank you for taking the time to give us your views.**  |

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