

## Community Involvement Monitoring Form

In order to better monitor the effectiveness and scope of our community involvement methods, we are keen for you to provide details about yourself and your views on this consultation.

The completion of this form is not compulsory. Please feel free to leave out any of the questions. However, this information would enable us to provide a better value consultation service. In line with Data Protection Regulations, the information you provide will be used only for research purposes.

PLEASE NOTE THAT THIS FORM IS NOT FOR MAKING FORMAL REPRESENTATIONS OR OBJECTIONS. A SEPARATE FORM IS AVAILABLE FOR THAT PURPOSE.

**--Please tick all boxes that apply--**

**1. What is your main reason for interest in Barnet's Local Development Framework (LDF)?**

- |  |   |
|--|---|
| Business Interest <input type="checkbox"/> | Representing an interest group <input type="checkbox"/> |
| Personal Interest <input type="checkbox"/> | My job is to use the LDF <input type="checkbox"/>       |
| Student <input type="checkbox"/>           | Other (please specify below) <input type="checkbox"/>   |

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**2. Which areas of planning policy do you have most interest in?**

- |  |   |
|--|---|
| Environmental impacts of Policy <input type="checkbox"/>   | Housing issues <input type="checkbox"/>                 |
| Social impacts of policy <input type="checkbox"/>          | Transport issues <input type="checkbox"/>               |
| Economic impacts of Policy <input type="checkbox"/>        | Neighbourhood/community issues <input type="checkbox"/> |
| Community involvement In planning <input type="checkbox"/> | Other (please specify below) <input type="checkbox"/>   |

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**3. How did you find out about your chance to comment on the SCI draft document?**

- |  |  |
|--|--|
| Newspaper <input type="checkbox"/>       | Letter from planning department <input type="checkbox"/> |
| Library <input type="checkbox"/>         | Word of mouth <input type="checkbox"/>                   |
| Barnet House <input type="checkbox"/>    | Council website <input type="checkbox"/>                 |
| Councillor <input type="checkbox"/>      | Parish Council <input type="checkbox"/>                  |
| Community group <input type="checkbox"/> | Other (please specify below) <input type="checkbox"/>    |

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Please specify (i.e. which newspaper, library etc.).....

4. In what format have you viewed the LDF document?

- Paper copy
- Website

5. If you used the website, did you encounter any problems accessing information?

- Yes
- No

If yes then please specify .....

6. Does the information provided help you to understand?

	Yes	No
How to comment	<input type="checkbox"/>	<input type="checkbox"/>
How comments will be considered	<input type="checkbox"/>	<input type="checkbox"/>
What the next stages of the process are?	<input type="checkbox"/>	<input type="checkbox"/>
What to do if you have any queries?	<input type="checkbox"/>	<input type="checkbox"/>

7. Was the document?

Well laid out?	<input type="checkbox"/>	<input type="checkbox"/>
Easy to read?	<input type="checkbox"/>	<input type="checkbox"/>
Any diagrams or maps easy to read?	<input type="checkbox"/>	<input type="checkbox"/>

8. Do you have any suggestions for improving the way we consult, the presentation of information, or the ability to access consultation?

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i) Would you like to be put on our database of Consultees for future LDF Consultation?

ii) Would you like to be kept informed of any other opportunities to become more involved in community consultation events/activities i.e. forums or focus groups?

If the answer to either of the above questions is yes then please include your name, address and telephone number below:

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**10. Which of these ethnic groups best describes you?**

- White:**   
 British   
 Irish   
 European   
 Other white

- Asian or Asian British:**   
 Indian   
 Pakistani   
 Bangladeshi   
 Chinese   
 Other Asian

Background.....

Background.....

- Mixed heritage:**   
 White and Black Caribbean   
 White and Black African   
 White and Asian

- Black or Black British:**   
 Caribbean   
 African   
 Other Black

Background.....

Background.....

**11. Nationality:** .....

**12. Male/Female** (delete as appropriate)

**13. Age:** .....

**14. Which of these activities best describes you?**

- Employed   
 Self-Employed   
 In training   
 Looking after home

- In education   
 Unemployed and available for work   
 Unemployed and unable to work   
 Retired

**Data Protection Act 1998**

The personal information collected on this form will be processed on computer to provide and manage the information or service that you have requested. For further details regarding your privacy please see our [Privacy Statement](#).