



Llywodraeth Cymru  
Welsh Government

## Proposed Active Travel Improved Crossing Facilities and Access Improvements to Ysgol Gyfun Cwm Rhymney & Pengam, Ysgol Gymraeg Trelyn & Fleur-de -Lis Primary Schools

We would appreciate your comments on the proposed scheme as outlined. If you have not already done so, please view the drawings.

### How we will use your information

We will use the data you have provided in our analysis and to inform our policy/scheme development and where appropriate to inform our decisions and changes. Your comments will not automatically receive individual replies but will be taken into account when reviewing and evaluating the support for the policy/scheme. We will inform those who have participated/responded of the outcome of our consultation if a contact address has been supplied by the respondent. You have a number of rights in relation to the information including the right of access to information we hold about you and the right of complaint if you are unhappy with the way your information is being processed. For further information on how we process your information and your rights please click the following link: <https://www.caerphilly.gov.uk/CaerphillyDocs/FOI/PrivacyNotices/Project-Development-Consultation-cy.aspx>

Q1 **Do you agree or disagree that people should be encouraged to walk or cycle more often for everyday journeys?** Please select only one.

Agree

Disagree

Don't know

Q2 **Please give reasons for your views in the box below:**

Q3 **In general, do you agree or disagree with the scheme outlined in the proposal?** Please select only one.

Agree

Disagree

Don't know

Q4 **Please provide any comments, suggestions or raise any matters you wish us to consider further in the box below:**

## About you

Due to the small scale nature of this survey, the full range of equalities monitoring questions have not been included. The questions below are not compulsory but your response will help us to fully understand the answers you have provided in the survey.

Q5 **Postcode:**

Q6 **I am aged** (please tick one)

5-15

22-29

40-49

Over 60

16-21

30-39

50-59

Q7 **I am** (please tick one)

Male

Prefer not to say

Female

Other, please write in

**Do you have a disability, long-term illness or health problem?** (Please select all that apply)

Yes, I have a disability

No

Yes, I have a long term illness or health problem

Prefer not to say

Q9 **Does your disability, long-term illness or health problem impact on your travel arrangements?** (Please select only one)

Yes

No

**I am** (Please select only one)

- |   |   |
|---|---|
| <input type="checkbox"/> Employed full time (30 hours or more per week)   | <input type="checkbox"/> Looking after the home or family |
| <input type="checkbox"/> Employed part time (less than 30 hours per week) | <input type="checkbox"/> Long term sick or disabled       |
| <input type="checkbox"/> Self-employed or freelance                       | <input type="checkbox"/> Unemployed                       |
| <input type="checkbox"/> Retired  | <input type="checkbox"/> Prefer not to say                |
| <input type="checkbox"/> A student  | <input type="checkbox"/> Other, please write in           |

Your name and address will remain **confidential**, but are useful in the analysis of completed questionnaires. If you wish to be be contacted regarding a particular issue or informed of the outcome of the consultation, please provide your contact details below:

Name:	<input type="text"/>
Address:	<input type="text"/>
Postcode:	<input type="text"/>
E-mail:	<input type="text"/>

**Thank you for taking the time to complete this survey.**