



Rother District Council
**Consultation on the
Sedlescombe Neighbourhood Plan**
Representation Form

Ref:

(For official use
only)

This form should be used to comment on the proposal for the Sedlescombe Neighbourhood Plan 2016-2028 that has been prepared by Sedlescombe Parish Council.

The consultation period runs from 28 November 2016 until 23 January 2017. **Completed representation forms must be received by the District Council no later than 5pm on 23 January 2017.**

Please return the form either by email to: planning.strategy@rother.gov.uk; or by post to: Service Manager – Strategy and Planning, Consultation on the Submission Draft of the Sedlescombe Neighbourhood Plan, Rother District Council, Town Hall, Bexhill-on-Sea, East Sussex, TN39 3JX; or by depositing the completed form in the dedicated box at Sedlescombe Post Office and Store.

This form has two parts –

Part A – Personal Details

Part B – Your representation. **Please fill in a separate sheet for each representation you make.**

Part A

1. Personal Details*

**If an agent is appointed, please complete only the Title, Name and Organisation boxes below but complete the full contact details of the agent in 2.*

2. Agent's Details (if applicable)

Title	<input type="text"/>	<input type="text"/>
First Name	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>
Job Title (where relevant)	<input type="text"/>	<input type="text"/>
Organisation (where relevant)	<input type="text"/>	<input type="text"/>
Address Line 1	<input type="text"/>	<input type="text"/>
Line 2	<input type="text"/>	<input type="text"/>
Line 3	<input type="text"/>	<input type="text"/>
Line 4	<input type="text"/>	<input type="text"/>
Post Code	<input type="text"/>	<input type="text"/>
Telephone Number	<input type="text"/>	<input type="text"/>
E-mail Address (where relevant)	<input type="text"/>	<input type="text"/>

Office use only

Date received:

Rep ID:

Consultee ID:

Agent ID:

Part B – Representation Please use a separate sheet for each representation

3. Name or Organisation:

4. Please indicate which part of the Neighbourhood Plan or supporting Strategic Environmental Assessment the representation relates to. Please refer to document, policy/paragraph and page number, as appropriate.

5. Please make your comments in the box below. Please be as precise as possible and ensure any relevant evidence and supporting information is included.

(Continue on a separate sheet/expand box if necessary)

6. The appointed Examiner will determine if an oral examination is necessary. If he/she considers that this is required, please tick the box below if you would wish to participate.

7. If you wish to be notified when the Council resolves to 'make' the Sedlescombe Neighbourhood Plan please tick the box below.

Data Protection Act 1998 and Freedom of Information Act 2000

Representations cannot be treated in confidence. Copies of all representations will be made publically available. The Council may also provide names and associated representations on its website but will not publish personal information such as telephone numbers, emails or private addresses. By submitting a representation on the Sedlescombe Neighbourhood Plan, you confirm that you agree to this and accept responsibility for your comments.

Signature:

Date:

Office use only

Date received:	Rep ID:	Consultee ID:	Agent ID:
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Equalities Monitoring Form

The information that you provide will be treated in the strictest confidence. It will only be used to monitor take up of services and to make sure that no individual or group of people are discriminated against in the provision of our services.



Rother District Council is committed to improving equality in its services. We do not want to disadvantage anyone by conditions or requirements that cannot be justified.

Please answer the following questions. Thank you for your help.

Please tick or the most appropriate box

Q1. Gender Male Female Transgender

Q2. Marital Status
Single Married Divorced Cohabiting
Widowed Separated Civil Partnership

Q3. Sexual Orientation
Heterosexual (straight) Lesbian or Gay Bisexual

Q4. Age
Under 10 11-15 16-20 21-30 31-40 41-50 51-60 61-84 85+

Q5. Ethnic Origin: I would describe my ethnic origin as:

White
British Irish Any other White background

Multiple Heritage
White & Black African White & Black Caribbean White & Asian Any other multiple heritage background

Asian or Asian British
Pakistani Indian Bangladeshi Any other Asian background

Black or Black British
African Caribbean Any other Black background

Chinese or Chinese British
Chinese

Gypsy or Traveller
Traveller: Gypsy/Romany Traveller of Irish origin Other Traveller background

Other Ethnic Group Please write in the box below
Other

Please turn over...

Q6. What is your religion or belief?

Christianity Islam Judaism Hinduism Buddhism Sikhism

Humanism None Other

Q7. First Language: what is your first or main language?

English Other

Please write in

Q8. Disability: do you consider yourself to be disabled?

Yes No

If your answer is 'yes' to question 8, please answer **question 9**. If your answer is 'no', you have completed the form and do not need to answer any more questions.

Q9. Impairment

Physical impairment

Hearing impairment

Visual impairment

Communication and speech impairment

Learning difficulties

Mental health

Long standing illness or health condition

Other Please write in below

Q10. Do you want to be considered under the Disability Two Ticks Scheme? Yes No

Thank you for completing this form.

The information provided will help us to improve our services to you and others in the Rother district.

**This form should be returned to:
Planning Strategy and Environment
Rother District Council
Town Hall
Bexhill on Sea
TN39 3JX**

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Month and year only please

Q11. When was the form completed?

Q12. For which section or function was this information recorded?