



## Primary Education Provision in Haverfordwest - Response Form

**Discontinue Mount Airey Nursery and Infants School and Haverfordwest Church in Wales VC School and establish a new 3 - 11 school using both current school sites**

**Q1. Please indicate which of the following reflects your views on the proposal** (please tick only one)

- ☐ I do not feel strongly one way or the other
- ☐ I support the proposal
- ☐ I do not support the proposal

**Q2. Please provide your comments on the proposal regarding future primary education provision in Haverfordwest**

**Q3. Please provide any alternatives you have to the Council's proposal**

**Q4. Please tell us what your interest in the consultation is?** (please tick all that apply)

- ☐ Mount Airey CP School
- ☐ Haverfordwest VC School
- ☐ Other School
- ☐ Pre-School Parent
- ☐ Staff
- ☐ Parent
- ☐ Governor
- ☐ Local resident

Other, please specify \_\_\_\_\_

## About You

You are being asked the following information equalities monitoring purposes. It will be used for statistical purposes only. All the information you provide will be treated confidentially and handled in accordance with the Data Protection Act 1998.

**Q5. Are you?** (please tick only one)

- ☐ Aged 16 or under
- ☐ Aged 17 - 24
- ☐ Aged 25 - 64
- ☐ Aged 65 or over
- ☐ Prefer not to say

**Q6. In which language do you prefer to communicate?** (please tick only one)

- ☐ English
- ☐ Welsh
- ☐ Prefer not to say

Other, please specify \_\_\_\_\_

**Q7. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last at least 12 months?** (please tick only one)

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

**Q8. Do you provide care for someone (aged 19 or under) whose day to day activities are limited by an illness or condition that has lasted, or is expected to last, for 12 months or more** (please tick only one)

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

**Q9. What is your religion?** (please tick all that apply)

- ☐ No religion
- ☐ Christian (all denominations)
- ☐ Buddhist
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ Prefer not to say

Other, please specify \_\_\_\_\_

**Do you wish to be informed of the publication of the Consultation Report?** (please tick only one)

- ☐ Yes
- ☐ No

**You are asked to provide email and postal address details only if you wish to receive a copy of the Consultation Report. Other information you are asked to provide is for the purposes of Equalities Monitoring and will be used for statistical purposes only.**

Print Name	
Email	
Address	

**We will make your comments publically available as part of the Consultation Report, unless you ask us not to** (please tick only one)

- ☐ I am happy for you to make my comments publically available
- ☐ I am NOT happy for you to make my comments publically available

All information will be handled in accordance with the Data Protection Act 1998

Once complete, either scan in and email to [education.consultations@pembrokeshire.gov.uk](mailto:education.consultations@pembrokeshire.gov.uk) or post to: Director for Children & Schools, Pembrokeshire County Council, Haverfordwest, SA61 1TP

The deadline for responses is **Friday 23<sup>rd</sup> March 2018**