**Proposed changes to public toilet facilities at Fishguard and Goodwick, and Gelliswick – Response Form**

**FISHGUARD AND GOODWICK**

**Please indicate to what extent you find the proposal to develop a new pay-to-use toilet as part of the Chimneys Link road development, and to close the two existing public toilets in Fishguard Town Centre (Parc y Shwt and West Street) acceptable or unacceptable** (please tick only one)

🞏 Acceptable 🞏 Neither 🞏 Unacceptable 🞏 Don’t know / not sure

**Please use the space below to make any comments you have or to put forward any alternatives to the proposal**

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**GELLISWICK**

**Please indicate to what extent you find the proposal to close the Gelliswick public toilet acceptable or unacceptable** (please tick only one)

🞏 Acceptable 🞏 Neither 🞏 Unacceptable 🞏 Don’t know / not sure

**Please use the space below to make any comments you have or to put forward any alternatives to the proposal**

**If you are putting forward a proposal to take over responsibility for the toilet please include your contact details**

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**ABOUT YOU**

**Are you responding as** (please tick all that apply)

🞏 A resident of Fishguard and Goodwick

🞏 A resident of Gelliswick

🞏 A resident elsewhere in Pembrokeshire

🞏 A representative of an organisation or business (please specify) ...............................................

Other (please specify) ......................................................................................................................

You can find further information about why we have to ask the following questions at www.pembrokeshire.gov.uk/equalities/why-do-we-ask-equality-questions

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

🞏 Male 🞏 Female 🞏 Prefer not to say

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

🞏 Aged 16 or under 🞏 Aged 25 – 64 🞏 Aged 75 or over

🞏 Aged 17 – 24 🞏 Aged 65 – 74 🞏 Prefer not to say

**Do you have dependent children aged 5 years or under?** (please tick only one)

🞏 Yes 🞏 No 🞏 Prefer not to say

**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

**Do you provide regular, unpaid, substantial care for a relative, friend or neighbour who is unable to manage at home without help because of sickness, age or disability?** (please tick only one)

🞏 Yes 🞏 No 🞏 Prefer not to say

**Please use this space to tell us about any other protected characteristics (e.g. ethnicity, religion, gender reassignment, sexual orientation) that you may wish to**

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**Thank you for your time**

Once complete, please email to [surveys@pembrokeshire.gov.uk](mailto:surveys@pembrokeshire.gov.uk) or post to: Pembrokeshire County Council, Policy, 2D County Hall, Haverfordwest, SA61 1TP

The closing date for responses is **Friday 18th May 2018**