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|  | **Review of Polling Districts and Polling Places in Pembrokeshire** |

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|  | **Please provide us with your details**

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| **Name** |  |
| **Organisation** |  |
| **Address** |  |
| **Postcode** |  |

**Please give your email address and phone number, in case we want to contact you about comments. We will not disclose the person details of individuals making comments. We may include, in our final report, the names of interested parties i.e. Councillors, political parties etc**

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| **Email** |  |
| **Telephone** |  |

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|  | **Please tell us where you currently vote (if applicable)****Polling station name / location:**

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**Is the building suitable for use as a polling station?** (please tick only one)🞏Yes🞏NoIf no, please give comments below

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|  | **Is the access acceptable?** (please tick only one)🞏Yes🞏NoIf no, please give comments below

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|  | **Is the parking adequate?** (please tick only one) |
|  |   | Yes |
|  |   | No |
|  | If no, please give comments below |
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|  | **Are you satisfied with the current arrangements?** (please tick only one) |
|  |   | Yes |
|  |   | No |

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|  |  **If you are not satisfied with current arrangements, is there a more suitable that could** **be used?** |

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|  | **Alternative polling station name / location**

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**Please use this space to make any additional comments in relation to your polling district or polling station**

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|  | **ABOUT YOU** |

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|   |  **Why do we need to ask these questions?**[**www.pembrokeshire.gov.uk/equalities/why-do-ask-equality-questions**](http://www.pembrokeshire.gov.uk/equalities/why-do-ask-equality-questions) |
|  | **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 |

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|  | **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 |

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|  | **Please indicate if any of the following apply to you** (please tick all that apply) |
|  |   | I am expecting a baby |
|  |   | I have had a baby in the last six months |
|  |   | I am currently on maternity leave |
|  |   | I am currently on paternity leave |
|  |   | None of these |
|  |   | Prefer not to say |

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|  | **If you feel that your response to this survey has been influenced (positively or negatively) because of any of the following: your ethnic origin, sex, age, marital status, sexual orientation, disability, gender reassignment, religious belief or non-belief, use of the Welsh-language, BSL or other languages, nationality or responsibility for any dependents, please give details below:**

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**Once complete please return to** **surveys@pembrokeshire.gov.uk** **or Pembrokeshire County Council, Policy, 2D County Hall, Haverfordwest, SA61 1TP****Please return by Friday 26th July 2019** |