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|  | **Introduction of Learning Resource Centre - Milford Haven School** |

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|  | **Establish a 24 place Learning Resource Centre for pupils with Complex Learning Needs and Autistic Spectrum Condition at Milford Haven School** |

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|  | **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 |

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|  | **Please provide any alternatives you have to the Council's proposal** | | |
|  | |  | | --- | |  |   **Please provide any other comments on the proposal**   |  | | --- | |  | | | |
|  | **Please tell us what your interest in the consultation is** (please tick all that apply) | | |
|  |  | Milford Haven School | |
|  |  | Milford Haven CP School | |
|  |  | St Franics Catholic School | |
|  |  | Gelliswick VC School | |
|  |  | Coastlands CP School | |
|  |  | Johnston CP School | |
|  |  | Neyland CP School | |
|  |  | Fenton CP School | |
|  |  | Waldo Williams School | |
|  |  | Pre-School parent | |
|  |  | Staff | |
|  |  | Parent | |
|  |  | Governor | |
|  |  | Local resident | |
|  | Other, please specify …………………………………………………………………………. | | |
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|  | **Are you?** (please tick only one) | |
|  |  | Aged 16 or under |
|  |  | Aged 17 - 24 |
|  |  | Aged 25 - 64 |
|  |  | Aged 65 or over |
|  |  | Prefer not to say |

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|  | **In which language do you prefer to communicate?** (please tick only one) | |
|  |  | English |
|  |  | Welsh |
|  |  | Prefer not to say |
|  | Other, please specify …………………………………………………………………………. | |
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|  | **Are your day to day activities 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 |

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|  | **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 |

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|  | **What is your religion?** (please tick only one) | |
|  |  | No religion |
|  |  | Christian (all denominations) |
|  |  | Buddhist |
|  |  | Hindu |
|  |  | Jewish |
|  |  | Muslim |
|  |  | Sikh |
|  |  | Prefer not to say |
|  | Other (please specify) ……………………………………………………………………… | |
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|  | **Do you wish to be informed of the publication of the Consultation Report?** (please tick only one) | |
|  |  | Yes |
|  |  | No |

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|  | **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**   |  |  | | --- | --- | | 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 any 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 Protect Act 2018  Complete and return to [surveys@pembrokeshire.gov.uk](mailto:surveys@pembrokeshire.gov.uk) or post to Director for Children & Schools, Pembrokeshire County Council, County Hall, Haverfordwest, SA61 1TP by no later than **5pm on Wednesday 31 July 2019** |

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