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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** |
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**Please provide any other comments on the proposal**

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|  | **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**

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| 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 availableAll information will be handled in accordance with the Data Protect Act 2018Complete and return to 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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