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|  | **Establishment of a new 3-11 Welsh Medium** **Primary School in the Pembroke area**  |
|  | **Please indicate which of the of the following reflects your views on the** **proposal to establish a new Welsh medium primary school in Pembroke** |
|  |   | 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 your comments on the proposal regarding Welsh medium** **primary provision in the Pembroke area**

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**Please provide any alternatives you have to the Council’s proposal**

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|  | **Please tell us what your interest in the consultation is? (please tick all that apply)** |
|  |   | Pre-school parent |
|  |   | Staff |
|  |   | Parent |
|  |   | Governor |
|  |   | Local resident |
|  |   | Ysgol Gelli Aur / Golden Grove |
|  |   | Penrhyn VC School |
|  |   | Monkton Priory Community School |
|  |   | Lamphey CP School |
|  |   | Cosheston VC School |
|  |   | Pembroke Dock Community School |
|  |   | Pennar Community School |
|  |   | Ysgol Caer Elen |
|  |   | Ysgol y Preseli |
|  |   | Ysgol Harri Tudur / Henry Tudor School |
|  | Other ……………………………………………………………………………………… |
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|  | **Are you?**  |
|  |   | 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?** |
|  |   | English |
|  |   | Welsh |
|  |   | Prefer not to say |
|  | Other ……………………………………………………. |
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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?** |
|  |   | 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?** |
|  |   | Yes |
|  |   | No |
|  |   | Prefer not to say |

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|  | **What is your religion?** |
|  |   | 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?**  |
|  |   | 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 purposes of Equalities Monitoring and will be used for statistical purposes only.

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| Name |  |
| Email |  |
| Address |  |

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|  | **We will make your comments publically available as part of the Consultation** **Report, unless you are asked not to**  |
|  |   | I am happy for your to make comments publically available |
|  |   | I am NOT happy for you to make any comments publically available |

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|  |  All information will be handled in accordance with the Data Protection Act 2018 **Once complete**, please email to surveys@pembrokeshire.gov.uk or post to  Director for Children & Schools, Pembrokeshire County Council, County Hall, Haverfordwest SA61 1TP The deadline for responses is **Tuesday 31st December 2019**   |

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