

# SE Bermondsey Parking study

Consultation Questionnaire

## Have your say about parking

We would like to hear your views on the proposal to introduce parking controls to your area. Please read the background document and consider the feasibility drawing (available online at [www.southwark.gov.uk/sebermondseycpz](http://www.southwark.gov.uk/sebermondseycpz)) before completing the questionnaire online or by returning it to us via the freepost address, by **Sunday 22 September 2019**.



The quickest way to respond is online at [www.southwark.gov.uk/sebermondseycpz](http://www.southwark.gov.uk/sebermondseycpz)  
Postal responses should be sent to the following address:

**FREEPOST RSCT-BHXK-SCAJ, Highways Division (Transport Projects) Floor 3,  
Hub 2, Southwark Council, PO BOX 64529, London, SE1P 5LX**

**Updated questionnaire:** the previous printed version contained an error in question 9 in regards to proposed paid bays in that it included the option "half hour (no change)". The available options have been corrected in this version. We have also added an additional equalities question. **Please discard the previous version and use this version instead** and if you have already sent the previous version, please kindly resend this version. A self addressed envelope has been included for your convenience. Please accept our apologies for any inconvenience caused. N.B. The online version is correct.

## SECTION A – About you

**Privacy statement:** Southwark Council uses your personal data to record your response to the consultation. Section 1 of the Localism Act 2011 requires us to do this. The council does not require your permission to process your data and failure to tell us your information may mean that we are unable to process your response. Your personal information will only be used by our highways team, and will be destroyed after four years. If you are concerned about how the council uses your personal data or would like to enquire about the personal information we hold on you, please contact us via [dpo@southwark.gov.uk](mailto:dpo@southwark.gov.uk) or on 020 7525 5000. More information about your rights is available on our website, or via the Information Commissioner ([www.ico.org.uk](http://www.ico.org.uk)).

**It is important to know some details about you so that we can carefully analyse the results. To enable your comments to be matched to your street and to avoid any possible duplication of responses we need your full details.**

### 1. Are you a...

Resident     Business     Organisation     Visitor to the area

Name (required)

House / flat number and street name (required)

Postcode (required)  Email (optional)

Continued overleaf...

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## SECTION B — Your parking experience

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### 2. How many vehicles does your household/business regularly park on the street?

- None (don't own a vehicle)
  None (park off-street)
  One
  Two or more

### 3. What time of day do you or your visitors have difficulty parking?

- |   |                              |                                       |
|---|------------------------------|---------------------------------------|
| <input type="checkbox"/> Never                  | <input type="checkbox"/> You | <input type="checkbox"/> Your visitor |
| <input type="checkbox"/> Monday-Friday, daytime | <input type="checkbox"/> You | <input type="checkbox"/> Your visitor |
| <input type="checkbox"/> Monday-Friday, evening | <input type="checkbox"/> You | <input type="checkbox"/> Your visitor |
| <input type="checkbox"/> Saturday               | <input type="checkbox"/> You | <input type="checkbox"/> Your visitor |
| <input type="checkbox"/> Sunday                 | <input type="checkbox"/> You | <input type="checkbox"/> Your visitor |

## SECTION C — The proposals and your views

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### 4. Do you want a parking zone to be introduced in your street?

This is the **key question** that helps decide whether or not parking controls are introduced in your street

- Yes
  No
  Undecided

Please respond  
by Sunday 22  
September 2019

### 5. If you answered "No" or "Undecided" to question 4, would you change your mind if a parking zone was to be proposed in only part of the study area? (i.e. if a neighbouring road was in favour and the zone implemented there, would you then want parking controls to be introduced in your street?)

- Yes
  No
  Undecided

Parking controls can cause displacement. A parking zone in a street next to yours is likely to increase demand for a space in your street.

### 6. If you answered "No" or "Undecided" to question 4 please can you tell us why?

Please tick all options that apply to you.

- There is not a parking problem  
 The cost of parking permits  
 Parking controls do not guarantee me a parking space outside my property  
 Too much additional street clutter (road markings and signs)  
 There is a parking problem, but a parking zone will not fix it  
 Parking controls will have a negative impact on traders  
 Other (please specify) \_\_\_\_\_

### 7. If a parking zone was introduced, which of the following hours would you like the parking zone to operate?

- All day (for example 8.30 am to 6.30pm)
  Part day (for example 10 am to 2pm)  
 Two hours during the day (e.g 11 am to 1 pm)
  Other (please specify) \_\_\_\_\_



Continued overleaf...

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## SECTION E – Equality questions

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To make sure we are providing fair services to all of Southwark's diverse communities, it is important that we ask you a few questions about yourself. You are under no obligation to provide the information requested, but it would help us greatly if you did. The information will be used to help us plan services that meet the needs of all users. Your responses will be kept confidential and any information published will be made anonymous. The information will be used in a statistical format only.

### 12. Age

- Under 16     16 - 17     18 - 24     25 - 34     35 - 44     45 - 54  
 55 - 64     65 - 74     75 - 84     85 - 94     95+

### 13. What is your gender?

- Male     Female     Other     Prefer not to say

### 14. 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?

- Yes, limited a little     Yes, limited a lot     No, not limited

Please tick the box or boxes below that best describe the nature of your impairment(s):

- Hearing / Vision (e.g. deaf, partially deaf or hard of hearing; blind or partial sight)  
 Physical / Mobility (e.g. wheelchair user, arthritis, multiple sclerosis etc.)  
 Mental health (lasting more than a year. e.g. severe depression, schizophrenia etc.)  
 Memory problems (e.g. alzheimer's etc.)  
 Learning disability (e.g. dyslexia, dyspraxia etc.)  
 Long-term illness or health condition (e.g. cancer, HIV, diabetes, chronic heart disease, rheumatoid arthrities, chronic asthma)  
 Other  
 Prefer not to say

Please respond  
by Sunday 22  
September 2019

### 15. Ethnicity

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> White British                  | <input type="checkbox"/> Nigerian       | <input type="checkbox"/> Vietnamese                |
| <input type="checkbox"/> English                        | <input type="checkbox"/> Ghanaian       | <input type="checkbox"/> Filipino                  |
| <input type="checkbox"/> Scottish                       | <input type="checkbox"/> Sierra Leonean | <input type="checkbox"/> Any other Asian           |
| <input type="checkbox"/> Welsh                          | <input type="checkbox"/> Somali         | <input type="checkbox"/> White and Black Caribbean |
| <input type="checkbox"/> Northern Irish                 | <input type="checkbox"/> Other African  | <input type="checkbox"/> White and Black African   |
| <input type="checkbox"/> Irish                          | <input type="checkbox"/> Other Black    | <input type="checkbox"/> White and Asian           |
| <input type="checkbox"/> Gypsy, Roma or Irish Traveller | <input type="checkbox"/> Asian British  | <input type="checkbox"/> Other mixed background    |
| <input type="checkbox"/> Other European                 | <input type="checkbox"/> Indian         | <input type="checkbox"/> Arab                      |
| <input type="checkbox"/> Other White                    | <input type="checkbox"/> Bengali        | <input type="checkbox"/> Latin American            |
| <input type="checkbox"/> Black British                  | <input type="checkbox"/> Chinese        | <input type="checkbox"/> Any other ethnicity       |
| <input type="checkbox"/> Caribbean                      | <input type="checkbox"/> Pakistani      |  |

### 16. Religion or belief

- Christian     Sikh     Hindu  
 Muslim     Jewish     Buddhist  
 No religion     Other (please specify) \_\_\_\_\_

### 17. Are you currently pregnant and/or on maternity leave?

- Yes     No
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