

If you have difficulty understanding this in English, please contact the One-Stop Shop at the Town Hall, Forty Lane, Wembley, Monday to Friday 9am to 5pm. Telephone 020 8937 5185/5132

ENGLISH

ஆங்கிலத்தில் இது விளக்கக்கொள்வதில் உங்களுக்குக் கஷ்டம் இருந்தால், நிகட்கிழமைக்கும் வெள்ளிக்கிழமைக்கும் இடையில் காலை 9 மணிவிலிருந்து பிற்பகல் 5 மணி வரை ரவுன் ஹோல், லோட்டி லேன், வெம்பிளி என்ற இடத்திலுள்ள வன்- ஸ்டோப் சோப் என்பதைத் தயவுசெய்து தொடர்புகொள்ளவும். தொலைபேசி 020 8937 5185/5132

TAMIL

إذا كنت تجد صعوبة في فهم هذه الوثيقة باللغة الإنجليزية فيرجى الاتصال مع وان ستوب شوب في دار البلدية على عنوان: One-Stop Shop at the Town Hall, Forty Lane, Wembley ما بين الساعة 9.00 صباحاً و 5.00 بعد الظهر أيام الاثنين إلى الجمعة على هاتف 020 8937 5185/5132

ARABIC

Nëse keni vështirësi ta kuptoni këtë në Anglisht, ju lutemi kontaktoni One-Stop Shop në adresën Town Hall, Forty Lane, Wembley, nga e Hëna deri të Premten në orarin 9paradite - 5pasdite. Telefoni 020 8937 5185/5132

ALBANIAN

Jeżeli macie Państwo problemy ze zrozumieniem tej informacji w języku angielskim, prosimy o kontakt z One-Stop Shop, jaki mieści się pod adresem: Town Hall, Forty Lane, Wembley, od poniedziałku do piątku, w godz. od 9.00 do 17.00. Numer telefonu: 020 8937 5185/5132

POLISH

Haddii aad dhib kala kulanto in aad tani ku fahamto luqada ingiriisida, fadlan la xidhiidh xafiiska One-Stop Shop ee ku yaala Town Hall, Forty Lane, Wembley Isniinta ilaa Jimcaha 9ka subaxnimo ilaa 5ta galabnimo. Telefoon 020 8937 5185/5132

SOMALI

જો તમને આ ઈંગ્લિશ ભાષામાં સમજવામાં મુશ્કેલી પડતી હોય તો, કૃપા કરી વન સ્ટોપ શોપનો (One-Stop Shop), Town Hall, Forty Lane, Wembley માં સોમવારથી શુક્રવાર સવારના 9 થી સાંજના 5 માં સંપર્ક કરો. ટેલિફોન: 020 8937 5185/5132

GUJARATI

انگش میں دی گئی یہ دستاویز اگر آپ کو سمجھنے میں آئے تو برائے مہربانی ٹاؤن ہال میں 'ون اسٹاپ شاپ' سے رابطہ کریں، جس کا پتہ ہے: Forty Lane, Wembley فون نمبر: 020 8937 5185/5132 اوقات: پیر تا جمعہ صبح نو سے شام پانچ تک۔

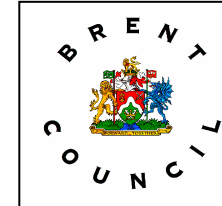
URDU

इंग्लिश में दी गई यह दस्तावेज़ अगर आपको समझ में न आए तो कृपया टाउन हॉल में वन-स्टॉप-शॉप से संपर्क करें। पता: है: Forty Lane, Wembley फोन नंबर: 020 8937 5185/5132 समय: सोमवार से शुकवार के बीच सुबह नौ से शाम पांच बजे तक।

HINDI

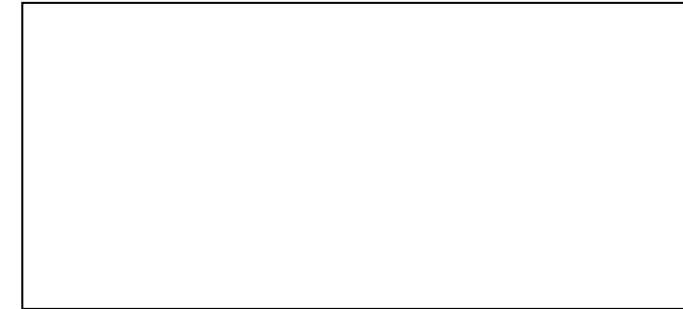
ਜੇ ਤੁਹਾਨੂੰ ਅੰਗ੍ਰੇਜ਼ੀ ਸਮਝਣ ਵਿਚ ਮੁਸ਼ਕਲ ਆ ਰਹੀ ਹੈ ਤਾਂ ਟਾਊਨ ਹਾਲ ਫੋਰਟੀ ਲੇਨ ਵੈਂਬਲੀ ਵੱਲ ਸਟੋਪ ਸ਼ੋਪ ਨਾਲ ਸੰਪਰਕ ਕਰੋ ਜਿਸ ਦਾ ਸੰਪਰਕ ਸਵੇਰੇ 9 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 5 ਵਜੇ ਤੱਕ ਸੰਭਵ ਕਰਨ ਦੀ ਕ੍ਰਿਪਾ ਕਰੋ। ਟੈਲੀਫੋਨ 020 8937 5185/5132

PUNJABI



## Consultation Questionnaire

Please complete and return



Dear Sir or Madam,

## CLARENDON GARDENS AREA TRAFFIC MANAGEMENT PROPOSALS

The Council would be pleased to hear your views on the proposed measures. Please take the time to read and respond to the attached consultation information.

The information you provide will be treated confidentially and will be used solely by the London Borough of Brent. Please complete this questionnaire and return it in the **FREEPOST** envelope enclosed, to reach us by **9th January 2008**. Alternatively, post it to **London Borough of Brent, Transportation Service Unit, Brent House, 349-357 High Road, Wembley, Middlesex, HA9 6BZ**.

**PLEASE PRINT CLEARLY.**

Only one reply per household will be accepted and or one member of staff for each company / business is required to reply.

**IF YOU REQUIRE THIS DOCUMENT IN LARGER PRINT PLEASE  
TELEPHONE 0208 937 5132 / 5185**



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**Question**

Please read the information provided in the consultation document and answer all the questions below.

- (1) Do you agree with the **Proposal 1** shown on the attached plan?  
**YES**                       **NO**                       **NO OPINION**
- (2) Do you agree with the **Proposal 2** shown on the attached plan?  
**YES**                       **NO**                       **NO OPINION**
- (3) Do you agree with the **Proposal 3** shown on the attached plan?  
**YES**                       **NO**                       **NO OPINION**
- (4) Do you agree with the **Proposal 4** shown on the attached plan?  
**YES**                       **NO**                       **NO OPINION**
- (5) Do you agree with the **Proposal 5** shown on the attached plan?  
**YES**                       **NO**                       **NO OPINION**

**Comments**

Thank you for taking the time to complete this questionnaire.  
 If you require any additional information or would like further explanation,  
 please call Yathav Gunaseelan on 020 8937 5137

We are required by the Race Relations (Amendment) Act 2000 to collect data on ethnicity. This information is being collected and will be processed, in accordance with Data Protection Act 1998. Information relating to individuals will not be published or passed to any third party. All information provided is totally confidential.

**Equalities Monitoring Questionnaire**

Brent Council is committed to ensuring that the services it provides meet the needs and requirements of all sections of the community. It is not compulsory to provide the information we are asking for but you will be helping us to meet this commitment and tailor our services to the needs of Brent's community, if you do so.

Any information given will be processed, in accordance with the Data Protection Act 1998 and therefore information which can identify you will not be published or passed to any third party.

**We would appreciate your help by completing the following questionnaire and returning it to: Transportation Service Unit, Brent House, 349-357 High Road, Wembley, Middlesex, HA9 6BZ.**

**Important Note:** Please contact 020 8937 5132/5185 if you have any questions about this questionnaire or would like the form in a different language or in a larger letter font size.

- 1) **Your first and last name:** .....
- 2) **Your address:** .....
- 3) **What is your ethnic group? (Please tick the relevant box)**

Asian or Asian British	Black or Black British	Chinese or other ethnic group
<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background e.g. <i>African Asian</i> <i>Sinhalese</i> <i>Sri Lankan Tamil</i> <i>Nepali</i>	<input type="checkbox"/> Caribbean <input type="checkbox"/> African	<input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group e.g. <i>Kurdish</i> <i>Afghanistan</i> <i>Iraqi</i>
White	Mixed Race / Dual Heritage	
<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background e.g. <i>Gypsy/Roma</i> <i>Albanian</i> <i>Croatian</i> <i>Polish</i>	<input type="checkbox"/> White/Black Caribbean <input type="checkbox"/> White/Black African <input type="checkbox"/> White/Asian <input type="checkbox"/> Any other mixed background	

- 3) **Do you consider yourself to be a disabled person?**       No       Yes → If 'Yes', please indicate the nature of your disability, by ticking the appropriate box below:
- Mobility difficulties (includes people who use wheelchairs)
  - Sensory impairments (these include sight, hearing and speech impairments)
  - Respiratory difficulties
  - Other

4) **What is your gender?**       Female       Male

5) **To which age group do you belong?**  
 15-24     25-44     45-54     55-64     65-74     75-84     85+