

## Translation Request

We want all of our customers to be able to understand the information we provide. If you need to receive this information in your own language or in an alternative format (e.g large print, Braille), please contact the Consultation Officer on 0208 937 5127.

ENGLISH

நாங்கள் வழங்கும் தகவலை எங்களின் எல்லா வாடிக்கையாளர்களும் புரிந்துகொள்வதை நாங்கள் விரும்புகின்றோம். இந்தத் தகவலை உங்களின் சொந்த மொழியில் அல்லது ஒரு மாற்று வடிவத்தில் (உதாரணம்: பெரிய எழுத்து, ப்ரேயில்) நீங்கள் வேண்டினால், தயவுசெய்து 0208 937 5127 இல் கலந்தாலோசிப்பு அதிகாரியைத் தொடர்புகொள்ளவும்.

TAMIL

نود أن يتمكن جميع عملائنا من فهم المعلومات التي نقدمها. إذا كنت ترغب في استلام هذه المعلومات مترجمة إلى لغتك الأولى أو تفضلها بصيغة أخرى (مثلا، بالحروف الكبيرة أو مكتوبة بلغة برايل للمكفوفين) فيرجى الاتصال بموظف المشاور على هاتف رقم: 0208 937 5127

ARABIC

Ne duam që të gjithë konsumatorët tanë të kuptojnë informacionin, që ne japim. Nëse e doni të merrni këtë informacion në gjuhën tuaj ose në një format tjetër (p.sh. me shkronja të mëdha, ose shkrim Braille), lutemi kontaktoni Oficerin e Konsultimit në numrin 0208 937 5127.

ALBANIAN

Chcemy, aby wszyscy nasi klienci byli w stanie zrozumieć przedstawiane przez nas informacje. Jeśli potrzebuje Pan(i) uzyskać te informacje w swoim języku lub w innej formie (np. dużą czcionką, alfabetem Braille'a), prosimy skontaktować się z urzędnikiem ds. konsultacji (Consultation Officer) pod numerem 0208 937 5127.

POLISH

Waxaanu rabnaa in dhamaan macaamiishayadu fahmi karaan warbixinta aanu siino. Haddii aad u baahatid in warbixinta aad ku hesho luqadaada ama hab kale ( sida qoraal balaadhan, taabasho akhris) fadlan lasoo xidhiidh xafiiska talo bixinta ee 02089375127.

SOMALI

અમે જે પૂરી પાડીએ છીએ તે માહિતીમાં અમારા જવા જ સાહકોને સમજણ પડે એવું અમે ઈચ્છીએ છીએ. જો તમને આ માહિતી તમારી પોતાની ભાષામાં અથવા બીજા કોઈ સ્વરૂપમાં (દા.ત. મોટા અક્ષરોમાં છાપેલી, બ્રેઈલમાં) મેળવવાની જરૂર પડે, તો કૃપા કરીને કન્સલ્ટેશન ઓફિસરનો 0208 937 5127 પર સંપર્ક કરો.

GUJARATI

ہم چاہتے ہیں کہ جو معلومات ہم دیں وہ ہمارے تمام کسٹمرز سمجھ سکیں۔ یہ معلومات اگر آپ کو اپنی زبان یا کسی دیگر شکل (بڑے حروف کی چھپائی، بریل) میں درکار ہو تو برائے مہربانی کنسلٹیشن آفیسر سے نمبر 0208 937 5127 پر رابطہ کریں۔

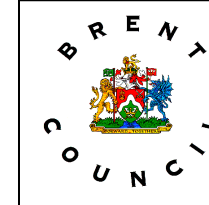
URDU

हम चाहते हैं कि जो सूचना हम दें वह हमारे सब कस्टमर्स समझ सकें। यह सूचना यदि आपको अपनी भाषा या किसी अन्य रूप (बड़े अक्षरों, ब्रेल) में चाहिये तो कृपया कंसलटेशन ऑफिसर से नंबर 0208 937 5127 पर संपर्क करें।

HINDI

ਅਸੀਂ ਚਾਹੁੰਦੇ ਹਾਂ ਕਿ ਸਾਡੇ ਸਾਰੇ ਗ੍ਰਾਹਕ ਸਾਡੇ ਵੱਲੋਂ ਪ੍ਰਦਾਨ ਕੀਤੀ ਜਾਣ ਵਾਲੀ ਜਾਣਕਾਰੀ ਸਮਝ ਸਕਣ। ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਆਪਣੀ ਬੋਲੀ ਵਿਚ ਜਾਂ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ (ਮਸਲਨ ਵੱਡੇ ਅੱਖਰਾਂ ਵਿਚ ਛਪੀ ਜਾਂ ਬਰੇਲ) ਲੋੜੀਂਦੀ ਹੈ ਤਾਂ ਕ੍ਰਿਪਾ ਕਰਕੇ ਕੋਨਸਲਟੇਸ਼ਨ ਅਫਸਰ ਨਾਲ 0208 937 5127 ਤੇ ਸੰਪਰਕ ਕਰੋ।

PUNJABI



## Questionnaire

Willesden Lane – Bus Stop

Dear Sir/Madam,

Your views are important to us - please therefore take the time to read and respond.

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 **29<sup>th</sup> November 2010**. Alternatively, post it to **London Borough of Brent, Transportation Service Unit, Brent House, 349-357 High Road, Wembley, Middlesex, HA9 6BZ**.

Consultation results will be available on our website. Please go to [www.brent.gov.uk/consultation](http://www.brent.gov.uk/consultation). Results will generally be available within one month of the closing date.

Only one reply per household or business will be accepted.

Yours sincerely,

Tim Jackson  
Head of Transportation

If you require this document in larger print please  
telephone 020 8937 5143 or 5132



Transport  
for London

Brent Building a better borough



INVESTORS IN PEOPLE

AWARDS 2009  
LONDON  
excellence  
WINNER

ISO 9001:2000

UKAS  
012

BS OHSAS 18001:2007

Question

Do you agree with making permanent the current temporary bus stop outside of Beechworth?

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 Paul Smith on 020 8937 5143



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.

1) Your first and last name: .....

2) Your address: .....

3) What is your ethnic group? (Please tick the relevant box)

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

4) 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

5) What is your gender? ☐ Female ☐ Male

6) To which age group do you belong?

☐ 15-24 ☐ 25-44 ☐ 45-54 ☐ 55-64 ☐ 65-74 ☐ 75-84 ☐ 85+