

# Hinckley & Bosworth Borough Council - Local Plan Regulation 18 Representation Form

The Council is inviting comments over a six week period on the Regulation 18 Draft Local Plan (2020 – 2041). We would like to hear the views from our local communities, stakeholders, businesses and other key organisations on the draft Plan.

## How to respond

This consultation runs from **Wednesday 31 July 2024 to 5pm Friday 27 September 2024.**

Before responding, please read the consultation documents and other background information made available on the Local Plan website here: [www.hinckley-bosworth.gov.uk/Reg18](http://www.hinckley-bosworth.gov.uk/Reg18)

You can respond to the consultation in the following ways:

* Our preferred method is filling in the response form online on the website link above
* Alternatively, you can fill in this form and please return:
* By email to [planningpolicy@hinckley-bosworth.gov.uk](mailto:planningpolicy@hinckley-bosworth.gov.uk)
* By post to *Planning Policy, Hinckley & Bosworth Borough Council, Hinckley Hub, Rugby Road, Hinckley, Leicestershire, LE10 0FR*

## Information on the response form

PLEASE NOTE: This form has three parts -

**Part A** – Personal Details. Please see Privacy Statement at the end of this form before completing.

**Part B** – Your representation(s).

**Part C** – Equalities information

**Please note: your detailed response should cover succinctly all the information, evidence and supporting information necessary to support/justify the response. Please be as clear as possible.**

### Part A – Personal Details

#### Contact details:

|  |  | |
| --- | --- | --- |
| Customer Reference Number (if applicable)  *Your customer reference number can be found in the top left of the letter/email you received notifying you of the consultation.* |  | |
| Title |  | |
| First Name |  | |
| Surname |  | |
| Organisation (if applicable) |  | |
| Representing (if applicable), including contact details. |  | |
| Postal address |  | |
| Email address |  | |
| Telephone number |  | |
| Site Reference (if applicable)  *If you are representing a specific site please include its SHELAA reference and/or site name here, unless it is a new, previously un-submitted site.* |  | |
| Please note, as a consultee the details you provide above will be added to our Local Plan consultation database to inform you of future stages. If you **do not** wish to be contacted further about the Local Plan, please tick here: | |  |

#### About you:

|  | |  |
| --- | --- | --- |
| Please tick all that apply | | |
| Do you live in the borough? | |  |
| Do you work in the borough? | |  |
| Do you have site interest(s) in the borough? (i.e. landowner, site representative/agent, housebuilder etc). | |  |
| Do you go to school/college/higher education in the borough? | |  |
| Do you own a business in the borough? | |  |
| Are you a visitor to the borough? (i.e. for tourism, leisure, facilities/services) | |  |
| Other, please explain here: |  | |

### Part B – Your representation(s)

Please note all comments will be made publicly available, see the privacy statement for more information.

If you do not have sufficient space in the boxes below, please continue on a separate sheet if filling in on paper or expand the box if filling in online.

#### 3. Please set out your comments on the Regulation 18 Draft Local Plan in the table below

Please be as specific as you can. It will be helpful to put forward your suggested revised wording of any policy or text, or anything the Council needs to cover going forward into the Regulation 19 plan.

In your representation please succinctly reference all the evidence and supporting information necessary to support your representation and your suggested modification(s).

| **Policy/Paragraph/ Section** | **Comments, Modification Suggestion(s) and/or things for the Council to consider** | |
| --- | --- | --- |
|  |  | |
|  |  | |
|  |  | |
|  |  | |
|  |  | |
|  |  | |
|  |  | |
|  |  | |
|  |  | |
| If you have attached/referred to other documents to support your response, please list them here: | |  |

***(Continue on a separate sheet /expand boxes if necessary)***

### Part C – Equalities Information

Please note: these questions are not mandatory, however it is really useful for us to know who our consultations are reaching and helps us to ensure we are meeting the requirements of consultation and the Council’s Statement of Community Involvement. Thank you for your time.

#### About You

1. What is your age?

| Age group | Tick |
| --- | --- |
| Under 16 |  |
| 16-25 |  |
| 26-35 |  |
| 36-45 |  |
| 46-55 |  |
| 56-65 |  |
| Over 65 |  |
| Prefer not to say |  |

1. Do you have a long term illness or disability?

|  | Tick |
| --- | --- |
| Yes |  |
| No |  |
| Prefer not to say |  |

1. If yes, please specify the type of impairment(s).

|  | Tick |
| --- | --- |
| Physical or mobility impairment (including arthritis, cerebral palsy and using a wheelchair) |  |
| Sensory impairment (including hearing, sight and speech impairments) |  |
| Learning impairment (including dyslexia and autism) |  |
| Mental health (including anxiety, bipolar disorder and depression) |  |
| Communication impairment (including speech impairment) |  |
| Long term illness (including cancer, diabetes, HIV and multiple sclerosis) |  |
| Other Please specify…………………………. |  |
| Prefer not to say |  |

1. How do you identify your gender?

|  | Tick |
| --- | --- |
| Male |  |
| Female |  |
| Prefer to self-describe ………………… |  |
| Prefer not to say |  |

1. Do you identify as the same gender you were assumed to be at birth?

|  | Tick |
| --- | --- |
| Yes |  |
| No |  |
| Prefer not to say |  |

1. What is your ethnicity?

|  | Tick |
| --- | --- |
| White – British / English / Northern Irish / Scottish or Welsh White - Irish |  |
| White – Gypsy or Irish Traveller |  |
| White – Any other White background  Please specify………………………………. |  |
| Asian/Asian British – Indian Asian/Asian British – Pakistani |  |
| Asian/Asian British – Bangladeshi Asian/Asian British – Chinese |  |
| Asian/Asian British - Any other Asian background  Please specify……………………………………………… |  |
| Black/African/Caribbean/Black British – African |  |
| Black/African/Caribbean/Black British – Caribbean |  |
| Black/African/Caribbean/Black British – Any other Black/African/Caribbean background Please specify……. |  |
| Mixed/Multiple ethnic groups – White and Black Caribbean |  |
| Mixed/Multiple ethnic groups – White and Black African |  |
| Mixed/Multiple ethnic groups – White and Asian |  |
| Mixed/Multiple ethnic groups – Any other Mixed/Multiple ethnic background. Please specify…………… |  |
| Other ethnic group: Arab |  |
| Other ethnic group: Any other ethnic group  Please specify…………………………………………….. |  |
| Prefer not to say |  |

1. What is your sexual orientation?

|  | Tick |
| --- | --- |
| Heterosexual or straight |  |
| Gay or lesbian |  |
| Bisexual |  |
| Prefer to self-describe …………… |  |
| Prefer not to say |  |
| I don’t know |  |

1. What is your religion or belief? [Please tick one box which applies]

|  | Tick |
| --- | --- |
| Christianity |  |
| Hinduism |  |
| Judaism |  |
| Islam |  |
| Buddhism |  |
| Sikhism |  |
| I have no religion or belief |  |
| Other - Please specify………… |  |
| Prefer not to say |  |

1. Are you married or in a civil partnership? [Please tick one box which applies].

|  | Tick |
| --- | --- |
| Married |  |
| Civil Partnership |  |
| Prefer to self-describe…………… |  |
| Single (Not married or in civil partnership) |  |
| Prefer not to say |  |

1. Have you been pregnant, on maternity leave or breastfeeding within the last six months? [Please tick one box which applies].

|  | Tick |
| --- | --- |
| Yes |  |
| No |  |
| Prefer not to say |  |

#### About The Local Plan

1. Overall, has the Local Plan adequately considered principles of equality and inclusion?

|  | Tick |
| --- | --- |
| Strongly Agree |  |
| Agree |  |
| Neutral |  |
| Disagree |  |
| Strongly Disagree |  |

1. Overall, is the Local Plan compliant with the Public Sector Equality Duty?

|  | Tick |
| --- | --- |
| Strongly Agree |  |
| Agree |  |
| Neutral |  |
| Disagree |  |
| Strongly Disagree |  |

1. Overall, does the Local Plan reflect the make-up of the Hinckley & Bosworth community?

|  | Tick |
| --- | --- |
| Strongly Agree |  |
| Agree |  |
| Neutral |  |
| Disagree |  |
| Strongly Disagree |  |

1. Overall, have Hinckley & Bosworth Borough Council accommodated or allowed provision for reasonable person specific requests? (Such as accessibility requests relating to disability or language).

|  | Tick |
| --- | --- |
| Strongly Agree |  |
| Agree |  |
| Neutral |  |
| Disagree |  |
| Strongly Disagree |  |

**Thank you for your response.**

Privacy statement

The personal data you have supplied to Hinckley & Bosworth Borough Council during this consultation period will be processed in accordance with Article 6(1)(e) of the General Data Protection Regulation and the Data Protection Act 2018. Article 9(2)(c) of the General Data Protection Regulation and the Data Protection Act 2018 also applies, as we will be collecting Special Category Data to help support our Local Plan consultation process. This data will not be shared with any third parties and will be anonymised. Together with your comments, it will be used as part of the statutory plan making process and will be available for public inspection. Signatures, email addresses and telephone numbers will be removed before disclosure as a matter of course. We cannot provide anonymity or accept comments marked ‘private or confidential’ and comments that include offensive, racist, discriminatory, threatening and other non-relevant statements will be destroyed.