

Expanding Rhodes Avenue Primary School

We are currently looking at expanding Rhodes Avenue from two forms of entry to three forms of entry. We are asking you to give your views on the proposal. We'd appreciate you taking about 15 minutes to complete this consultation questionnaire.

We are also asking you to provide information about yourself. This will help us make sure we have a wide range of views and help improve the services we deliver. Your personal details will be kept confidential. **The closing date for the survey is 22 May 2009.**

Q1 How do you feel about the proposal to expand Rhodes Avenue school to three forms of entry? (Please tick the appropriate box that best describes your view)

- Strongly in favour
- In favour
- Impartial view
- Opposed
- Strongly opposed

Q2 Please tell us the reason for your views. In particular what you see as the potential advantages and disadvantages of the current proposals for you and your family.

The Council's equal opportunities policy requires us to monitor consultation responses and take active steps in ensuring that all of Haringey's diverse communities participate in public consultation exercises. In order to improve our practices in how we communicate, it would assist us if you can please complete the questions below.

Q3 In which capacity are you filling out this questionnaire? (Please tick as appropriate)

- A parent of a child or children at Rhodes Avenue Primary School
- A pupil at Rhodes Avenue Primary School
- A member of staff at Rhodes Avenue Primary School
- A member of the governing body at Rhodes Avenue Primary School
- A parent of a child or children of another school (If so, could you please tell us which one. Please write in the box below)
- A pupil at another school (If so, could you please tell us which one by writing in the box below)
- A member of staff at another school (If so, could you please tell us which one by writing in the box below)
- A member of the governing body of another school (If so, could you please tell us which one by writing in the box below)
- Are you a representative of a local community group (If so, could you please tell us which one by writing in the box below)
- A parent of a child or children not yet of school age
- Do you represent any other group/body (If so, could you please tell us which one by writing in the box below)
- Are you a local resident
- Other (Please write in the box)

Please write in the box in which capacity you are filling out this questionnaire.

ABOUT YOU

Q4 Are You?

- Male
- Female

Q5 How old are you?

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-59
- 60 and over

Under the Disability Discrimination Act a person is considered to have a disability if she/he has a physical or mental impairment which has a substantial and long-term adverse effect on her/his ability to carry out normal day-to-day activities. Since 2005, people with HIV, cancer and multiple sclerosis (MS) are covered by DDA.

Q6 Do you consider yourself to be a disabled person?

- Yes
- No

Below we are asking you to let us know which ethnic group best describes you? (Please tick one box from the appropriate section)

Q7 White

- British
- Greek Cypriot
- Turkish
- Gypsy
- Irish
- Irish Traveller
- Turkish/Cypriot
- Kurdish
- Other

Other, please write in the box

Q8 Mixed

White and Black Caribbean

White and Black African

White and Asian

Other

Other, please write in the box

Q9 Asian or Asian British

Indian

East Asian African

Bangladeshi

Other

Pakistani

Other, please write in the box

Q10 Black or Black British

African

Caribbean

Other

Other, please write in the box

Q11 Chinese or other ethnic group

Chinese

Other

Other, please write in the box

Gender Identity

Q12 Does your gender differ from your birth sex?

Yes

No

Religion

Q13 Do you have a religion or belief that you would like to mention? If so please tick the appropriate box

No Religion

Rastafarian

Muslim

Christian

Hindu

Sikh

Jewish

Other

Buddhist

Other, please write in the box.

Sexual Orientation

Q14 How would you describe your sexual orientation?

Heterosexual

Bisexual

Gay

Lesbian

Q15 Your Postcode (Please type in your full postcode i.e. N22 8QH)

Thank you for taking the time to complete this survey