

# Shriehall Area (Hendon) Informal Consultation Parking Questionnaire

## Section 1 – Personal Information

Please let us have your views about parking in your road by completing this questionnaire.

**1. In an effort to understand your particular needs and get as clear a picture as possible, please tell us where you live. If you do not want to tell us your full name please ensure you give us your address and or post code - without it we won't know where the problems may be.**

**Please provide your name, address and postcode.**

**2. Please Note that under the provisions of the Freedom of Information Act 2000, the Council may be obliged to disclose any information that it holds if a request is made for that information, unless it is covered by an exemption under the Act. This means that this information can not be held confidential and may be disclosed to any person. If you do not wish your personal data (such as your name and address) to be disclosed, please tick the box below.**

I do not wish my personal data to be disclosed

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## Section 2 – General Information

### 3. Is this property your:

- Home
- Business
- Both
- Other (please specify)

### 4. How many vehicles are there in the above household/business/other?

- None
- One
- If more please specify
- Two
- Three

### 5. How many of these are parked on the street?

- None
- One
- If more please specify
- Two
- Three

### 6. Are you a registered Blue Badge holder?

- Yes
- No

## Section 3 – Parking Issues

**7. Do you regularly find it difficult to find a space to park in your road?**

- Yes
- No

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## 8. If yes, when do these problems mainly occur?

(Please tick all boxes that apply)

|                  | Morning                  | Afternoon                | Evening                  | Night                    |
|------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Monday to Friday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Saturday         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sunday           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 9. Do you ever have to park in neighbouring roads because there is no space in your own road?

- Yes
- No

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## 10. When does this mainly occur? (Please tick all boxes that apply)

|                  | Morning                  | Afternoon                | Evening                  | Night                    |
|------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Monday to Friday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Saturday         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sunday           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 11. Do you find vehicles parking obstructively, unfairly and/or inconsiderately in your road?

- Yes
- No

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## 12. If yes, please give details (tick all boxes that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Footway parking                        | <input type="checkbox"/> Taking up more space than necessary       |
| <input type="checkbox"/> Double parking                         | <input type="checkbox"/> Inconsiderate residents/visitors          |
| <input type="checkbox"/> Vehicles left for long periods of time | <input type="checkbox"/> Obstructions to access/driveway           |
| <input type="checkbox"/> Inconsiderate businesses/customers     | <input type="checkbox"/> Obstructed sightlines                     |
| <input type="checkbox"/> Obstructions to through traffic        | <input type="checkbox"/> Vehicles not parking parallel to the kerb |
| <input type="checkbox"/> Other (please specify)                 |  |

## 13. When do these problems mainly occur? (Please tick all boxes that apply)

|                  | Morning                  | Afternoon                | Evening                  | Night                    |
|------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Monday to Friday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Saturday         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sunday           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 14. Do you find it difficult to turn at junctions in your road due to parked vehicles?

- Yes
- No

**15. If yes, please specify which junctions**

**16. Do parked vehicles in your road cause you problems as a pedestrian or non motorist (i.e. as a cyclist etc)?**

Yes

No

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## 17. If yes, please give details (tick all boxes that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Obstructed junctions                | <input type="checkbox"/> Inconsiderate parking              |
| <input type="checkbox"/> Obstructed pedestrian crossing      | <input type="checkbox"/> Heavy parking causing obstructions |
| <input type="checkbox"/> Footway parking                     | <input type="checkbox"/> Obstructions to bus stops          |
| <input type="checkbox"/> Problems for pushchairs/wheelchairs | <input type="checkbox"/> Dangerous for cyclists             |
| <input type="checkbox"/> Other (please specify)              |   |

## 18. Do your visitors have problems parking in your road?

- Yes
- No



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## 19. If yes, please give details (tick all boxes that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Difficult to find a space                         | <input type="checkbox"/> Problems due to inconsiderate parking   |
| <input type="checkbox"/> No parking available for visitors                 | <input type="checkbox"/> Problems only during school drop-off and pick-up times  |
| <input type="checkbox"/> Heavy parking due to residents                    | <input type="checkbox"/> Too many parking restrictions   |
| <input type="checkbox"/> Heavy parking due to non-residents/business users | <input type="checkbox"/> Large vehicles/commercial vehicles in the road or immediate area parked taking up all the space |
| <input type="checkbox"/> Other (please specify)                            |  |

## 20. When do these problems mainly occur? (Please tick all boxes that apply)

|                  | Morning                  | Afternoon                | Evening                  | Night                    |
|------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Monday to Friday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Saturday         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sunday           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 21. When parking, do you experience problems on a regular basis from any outside public or business facility in close proximity to your road? (for example, schools, hospitals/medical centres, parks and recreation centres, public transport services, shops and restaurants etc)

- Yes
- No

**22. If yes, please give details.**

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## Section 4 – Parking Overall

**23. In your opinion, how would you describe the volume of parked vehicles in the section of road around your property?**

- Very High  Low  
 High  Very Low  
 Moderate

**24. How would you rate the effect that parking in your road has on you on a day to day basis?**

- Very High  Low  
 High  Very Low  
 Moderate  It has no effect

**25. Are you happy with the current parking situation in your road?**

- Yes  
 No

**26. Would you like parking issues in your road to be investigated further?**

- Yes  
 No

Please give details (whether you have responded either yes or no)

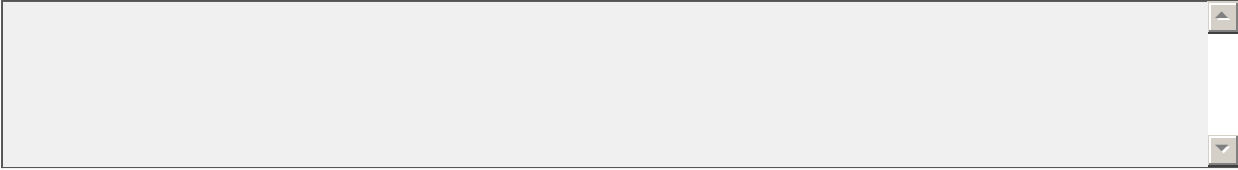
**27. A Controlled Parking Zone is an area where all on-street parking is controlled either by signs, yellow lines or designated parking bays. It gives priority to residents and local businesses and their visitors, who must display their permits or vouchers to show their entitlement to park during the operational hours of the zone. Any vehicles that are parked illegally are liable to receive a penalty charge notice, issued by uniformed civil enforcement officers who would regularly patrol the area.**

**Would you like your road to be included as part of a Controlled Parking Zone?**

- Yes  
 No

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**28. If you have any further comments and suggestions regarding parking in your road, or if you have any parking issues elsewhere in the area (see plan of consultation area) that you would like to raise relating to this questionnaire, please use the space provided below.**



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## Section 5 – General Questions

**29. Did you know that unless there are loading restrictions in force you can continuously load/unload on a yellow line for up to 40 minutes? You can also do this in a parking bay?**

- Yes
- No

**30. Are you aware of the following pay methods for parking within Barnet?**

|                   | Yes                      | No                       |
|-------------------|--------------------------|--------------------------|
| Residents Permits | <input type="checkbox"/> | <input type="checkbox"/> |
| Visitor Vouchers  | <input type="checkbox"/> | <input type="checkbox"/> |
| Business Permits  | <input type="checkbox"/> | <input type="checkbox"/> |
| Pay by Phone      | <input type="checkbox"/> | <input type="checkbox"/> |
| PayPoint          | <input type="checkbox"/> | <input type="checkbox"/> |
| Parking Vouchers  | <input type="checkbox"/> | <input type="checkbox"/> |

Other (please specify)

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## Section 6 – Diversity Monitoring

In order to make sure that our service is equally accessible to everyone and to help us understand the different needs of our community we would like to ask some further questions about you.

We also have a statutory requirement to collect information in relation to nine protected characteristics which are included in the Equality Act 2010. Therefore we have to ask you some personal questions.

For the purposes of this survey we are asking 5 of the protected characteristics included in the Equalities Act 2010.

The information you provide will remain strictly confidential, in accordance with the Data Protection Act 1998.

### 31. Are you: (Please tick one option only)

- Female
- Male

### 32. In which age group do you fall? (Please tick one option only)

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 74+

### 33. What is your ethnic origin? (please tick one option only)

- Asian or Asian British - Indian
- Asian or Asian British – Pakistani
- Asian or Asian British - Bangladeshi
- Asian or Asian British - Other
- Black or Black British - Caribbean
- Black or Black British – African
- Black or Black British - Other
- Mixed - White & Black Caribbean
- Mixed - White & Black African
- Other (please specify)
- Mixed - White & Asian
- Mixed – Other
- Other - Chinese
- Other - Any ethnic group
- White – British
- White - Irish
- White - Greek/Greek Cypriot
- White - Turkish/Turkish Cypriot
- White - Any other

### 34. Disability

**The Disability Discrimination Act 1995 defines a disability as, 'A physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities'. In this definition, long term is taken to mean more than 12 months and would cover long term illness such as cancer and HIV or mental health problems.**

**Do you consider that you have a disability as defined by the Disability Discrimination Act? (Please tick one option only)**

- Yes
- No

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## 35. If you have answered 'yes', please select the definition/s from the list below that best describes your disability/disabilities: (tick all that apply)

- Hearing (such as: deaf, partially deaf or hard of hearing)
- Vision (such as blind or fractional/partial sight. Does not include people whose visual problems can be corrected by glass/contact lenses)
- Speech (such as impairments that can cause communication problems)
- Mobility (such as wheelchair user, artificial lower limb(s), walking aids, rheumatism or arthritis)
- Physical co-ordination (such as manual dexterity, muscular control, cerebral palsy)
- Other (please specify)
- Reduced physical capacity (such as inability to lift, carry or otherwise move everyday objects, debilitating pain and lack of strength, breath, energy or stamina, asthma, angina or diabetes)
- Severe disfigurement
- Learning difficulties (such as dyslexia)
- Mental illness (substantial and lasting more than a year, such as severe depression or psychoses)

## 36. Religion or belief (Tick one box only)

- Agnostic
- Atheist
- Baha'I
- Buddhist
- Christian
- Hindu
- Humanist
- Jain
- Jewish
- Muslim
- Sikh
- No Religion
- Other (please specify)



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## Section 7 – The Questionnaire

We have tried to keep this questionnaire as short as possible but at the same time covering most areas of concern that you may have. We have used a layout and questions that we hope have been easy to follow and that will provide us with as much information as possible so we can find out how you feel about parking in your road and area. In order to let us know whether we are achieving this, we would be very grateful if you could please tell us what you thought of this questionnaire.

### **37. Do you think the questionnaire has met the criteria mentioned above and enabled you to get your views across?**

- Yes
- No
- Please comment (whether you have responded either yes or no)

