Wealden District (Incorporating part of the South Downs National Park) Representation on the Proposed Modifications to the Core Strategy – National Planning Policy Framework Presumption in Favour of Sustainable Development

Wealden District Council

Working in Partnership

South Downs National Park Authority

This response relates to the proposed modification WS	
Declaration:	I consider the proposed modification will assist the submitted Core Strategy to be found sound ☐ /unsound ☐ (*place a cross in the box to show which option you have chosen) for the following reasons:
Reasons Given:	

Signed:	

Name and Address:	
E-Mail Address:	
If on behalf of a company, please state:	
Date:	

Please place a cross in the box to show which option you have chosen	
I would wish to be notified of the publication of the recommendations of any person appointed to carry out an independent examination of the Core Strategy	Yes ☐ No ☐
I would wish to be notified of the adoption of the Core Strategy	Yes ☐ No ☐

Note: If completing this in hardcopy form, please use additional sheets if necessary.

Please return this form by **5pm on Thursday 16th August 2012**:

By post to: Head of Planning and Environmental Policy, Wealden District Council, PO Box 49, Hailsham, East Sussex, BN27 2AZ

By email to: ldf@wealden.gov.uk

Data Protection Act 1998 and Freedom of Information Act 2000
Representations cannot be treated in confidence. We are required to make copies of all representations publically available. The Council will also provide names and associated representations on its website but will not publish personal information such as telephone numbers, e-mails or private addresses. By submitting a representation on the Proposed Modifications you confirm that you agree to this and accept responsibility for your comments.

Please telephone 01892 602007 or e-mail ldf@wealden.gov.uk if you require assistance in submitting your representation or if further information is required. If you, or somebody you know, would like the information (guidance notes, forms etc) in large print, braille, audio tape/CD or in another language please let us know.

EQUALITY MONITORING

We want to be sure that we treat everyone who uses our services equally. Answers to the following questions will tell us more about our customers. Any information you give will be treated in the strictest confidence and will be used only to help us to improve our services. You do not have to fill this in but it will help us if you do.

Ethnic background *choose the sections from (a) to (f) that apply, then place a cross (by placing the cursor) in the appropriate box to indicate your ethnic background.*

a) White

British ☐ **Irish** ☐ **Other White Please say which**

b) Mixed

White and Black Caribbean ☐ White and Black African ☐

White and Asian ☐ Other Mixed please say which

c) Asian or Asian British

Indian ☐ Pakistani ☐ Bangladeshi ☐ Other Asian please say which

d) Black or Black British

Caribbean ☐ African ☐ Other Black please say which

e) Chinese or other ethnic group

Chinese ☐ Any other ethnic group please say which

f) Traveller

Gypsy/Romany ☐ Irish ☐ Any other Traveller please say which

Gender Male ☐ Female ☐ Trans-gender ☐ Trans-sexual

Age 15 and under ☐ 16-19 ☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60-69 ☐ 70-79 ☐ 80 and over ☐

Marital Status single ☐ married ☐ civil partnership ☐ widowed ☐ divorced ☐ partner or co-habiting ☐

Religion or belief Christian (all denominations) ☐ Muslim ☐ Judaism/ Jewish ☐ Hinduism ☐ Sikhism ☐ Buddhism ☐ Other ☐ No religion or belief ☐

Sexual orientation Heterosexual ☐ Lesbian or gay ☐ Bisexual ☐ Prefer not to say ☐

Do you consider yourself to be disabled? Yes ☐ **No**☐

(The Disability Discrimination Act defines a disabled person as someone who has 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).

Physical impairment ☐ Communication or speech impairment ☐ Mental Health ☐
Hearing impairment ☐ Visual impairment ☐ Learning disability/ difficulty ☐
Long-term illness or health condition ☐