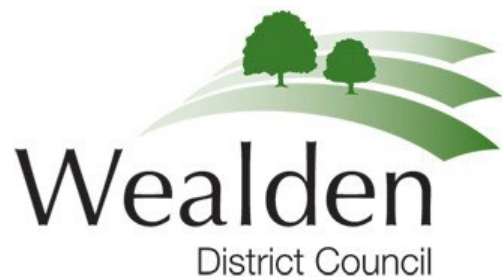


WEALDEN DISTRICT COUNCIL CONSULTATION

East Hoathly with Halland Neighbourhood Plan Regulation 16 Consultation

Consultation Response Form

Consultation Period
8 January 2024 – 26 February 2024



Introduction

Wealden District Council is publishing the East Hoathly with Halland Neighbourhood Plan for consultation in accordance with Regulation 16 of the Neighbourhood Planning (General) Regulations 2012 (as amended). The purpose of this consultation response form is for you to make your comments on the draft East Hoathly with Halland Neighbourhood Plan.

Under Regulation 16 of the Neighbourhood Planning (General) Regulations 2012 (as amended), we are required to undertake a minimum six-week consultation on the Neighbourhood Plan. This will be the last opportunity to comment on the plan before it is submitted for independent examination. The consultation on the East Hoathly with Halland Neighbourhood Plan is open between **9am on Monday 8 January 2024 and 5pm on Monday 26 February 2024**.

The documents submitted by East Hoathly with Halland Parish Council include:

- East Hoathly with Halland Neighbourhood Plan. Submission Version (Regulation 15) Version 19 (26 August 2023).
- East Hoathly with Halland Neighbourhood Plan Character Appraisal. Version 6 (20 August 2023).
- East Hoathly with Halland Neighbourhood Plan Sustainability Appraisal. Version 4 (26 August 2023).
- East Hoathly with Halland Neighbourhood Plan Basic Conditions Statement. Version 6 (24 November 2023).
- East Hoathly with Halland Neighbourhood Plan Consultation Statement. Version 4 (24 November 2023).
- Strategic Environmental Assessment (SEA) Screening Opinion East Hoathly with Halland Neighbourhood Plan (Pre-Regulation 14) (February 2022).
- Habitats Regulations Assessment (HRA) Screening Report East Hoathly with Halland Neighbourhood Plan (Pre-Regulation 14) (February 2022).

Viewing the Neighbourhood Plan

The Neighbourhood Plan and the supporting documents are available to view on the following website;

<https://consult.wealden.gov.uk/kse>

Printed copies of the Neighbourhood Plan and the supporting documents can be viewed at the following locations:

- East Hoathly Village Stores, 2 High Street, East Hoathly, BN8 6EB. Open Monday to Friday 8am-6pm, Saturday 8am- 1pm.
- Kings Head, 1 High Street, East Hoathly, BN8 6DR. Open Monday 5pm-9pm, Tuesday to Saturday 12am-10pm, Sunday 12am-9pm.

- Muffins Café, 9 High Street, East Hoathly, BN8 6DR. Open Monday to Saturday 9.30am to 4.30pm.
- Staverton Nursery, Eastbourne Road, Halland, BN8 6PU. Open Monday to Saturday 8am to 5.30pm.
- The Blacksmiths Arms, Lewes Road, Halland, BN8 6PN. Open Monday to Saturday 12am to 9.30pm, Sunday 12am to 7pm.
- Wealden District Council, Council Offices, Vicarage Lane, Hailsham, BN27 2AX. Open Monday, Tuesday, Thursday, Friday 8.30am-5pm, Wednesday 9am -5pm.

How to Comment on the Neighbourhood Plan

- By post: print and complete this form and send it to Planning Policy, Wealden District Council, Vicarage Lane, Hailsham, BN27 2AX
- By email: complete this form and send it to Nplans@wealden.gov.uk

You can make comments on any of the information submitted for the consultation. Please make it clear which document you are commenting upon alongside the paragraph/page number. Your comments should address whether the Neighbourhood Plan meets the basic conditions. These are outlined in the Regulation 16 Guidance Notes.

Queries

If you have any queries relating to the consultation or submitting your comments, please contact the Planning Policy Team on (01892 602008) or email Nplans@wealden.gov.uk. If you or somebody you know, would like this form in large print, braille, audio tape/CD or in another language, please let us know.

1. Personal Details

For your comments to be considered, you must at least provide your name and address (this can be an email address). Representations cannot be treated in confidence and copies of all representations, along with your name or organisation, will be made publicly available on the Council's website (in due course) and sent to the Examiner. However, the Council will not publish your personal contact information such as telephone numbers, email or private addresses. By submitting your views on the East Hoathly with Halland Neighbourhood Plan, you confirm your consent to the above and that you accept full responsibility for your comments.

Personal Details	Answer
Title	
First Name	
Last Name	
Job Title and Organisation (if relevant)	
Address	
Postcode	
Contact telephone number	
Email address	
Interest in the area (for example are you a resident, business owner or do you work in the proposed neighbourhood area)	

2. Comments on the Neighbourhood Plan

Please use the space below to tell us your comments on the Neighbourhood Plan and / or supporting documents. It would be helpful if you can provide reasons and evidence for your comments. Please use additional sheets if necessary.

3. Examination Participation (please tick if appropriate)

☐

I would like to attend the examination in public, should it be deemed necessary by the appointed examiner.

4. Notification of Adoption (please tick if appropriate)

☐

I would like to be notified of the local planning authority's decision on the adoption of the East Hoathly with Halland Neighbourhood Plan (under Regulation 19 of the Neighbourhood Planning (General) Regulations 2012 (as amended))

Data Protection Statement

Wealden District Council is committed to ensuring that your privacy is protected and will only use and store your personal data in line with the UK General Data Protection Regulation 2021 and Data Protection Act 2018. We are required to collect and hold your personal information as part of the consultation process in formulating the Neighbourhood Plan. All comments will be publicly available and identifiable by name and (where applicable) organisation. We will not disclose your personal data to any third parties, unless we need to do so to provide a service to you or we are legally required to do so. We may share your personal data with other Council departments in order to provide the service you have requested.

Our Privacy Policy sets out how we collect, use and securely hold your data and can be viewed at: <https://www.wealden.gov.uk/transparency-spending-and-performance/data-protection/privacy-policy/> and our planning policy privacy notice at: <https://www.wealden.gov.uk/transparency-spending-and-performance/data-protection/privacy-policy/>

Signature		Date
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Please print name if submitting electronically

EQUALITY MONITORING



We want to make sure that everyone who uses our services is treated equally and that our services are provided fairly. The information collected helps us to get a picture of who contacts us, uses or does not access our services and will help us to improve what we provide and reduce the potential barriers to access.

Please answer the questions below by ticking the boxes that you feel most describes you. Some questions may feel personal, but any information that you give will be treated in the strictest confidence and will be used only to help us to improve our services. It will not be linked to you as an individual. You do not have to fill this in but it will help us if you do.

Sex

What is your sex?

- ☐ Female
- ☐ Male
- ☐ Other (please describe)
- ☐ Prefer not to say

Age

- ☐ 17 and under
- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65-74
- ☐ 75-84
- ☐ 85 and over
- ☐ Prefer not to say

Disability

Do you have an impairment, health condition or learning difference that has a substantial or long-term impact on your ability to carry out day-to-day activities? (Tick all that apply)

☐ Yes ☐ No ☐ Prefer not to say

If you have answered 'yes', please tick the box ('s) that best describe your impairment(s).

This information helps us improve access and remove barriers to our services.

- ☐ Blind or visual impairment uncorrected by glasses
- ☐ Deaf or have a hearing impairment
- ☐ A long-standing illness or health condition, e.g. cancer, HIV, diabetes, rheumatoid arthritis, chronic asthma, epilepsy, cardiovascular conditions, sickle cell anaemia, motor neurone disease, some forms of dementia
- ☐ A mental health difficulty, e.g. schizophrenia, depression, anxiety disorder, some forms of dementia
- ☐ A physical impairment or mobility issues, e.g. walking, dexterity, difficulty using your arms or using a wheelchair or crutches
- ☐ A social/communication impairment, e.g. speech and language impairment or Asperger's syndrome/other autistic spectrum disorder
- ☐ A specific learning difficulty e.g. dyslexia, dyspraxia or AD(H)D
- ☐ An impairment, health condition or learning difference that is not listed above (specify if you wish)
- ☐ Prefer not to say

Language

What is your main language spoken at home?

- ☐ English
- ☐ Other, please describe (including British Sign Language)
- ☐ Prefer not to say

What is your preferred language for written information?

- ☐ English
- ☐ Other, please describe
- ☐ Prefer not to say

Ethnicity

To which of these ethnic groups do you feel you belong?

Choose one option that best describes the ethnic group or background to which you perceive you belong.

- | | |
|--|---|
| <input type="checkbox"/> White British | <input type="checkbox"/> Asian or Asian British Indian |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> Asian or Asian British Pakistani |
| <input type="checkbox"/> White Gypsy/Roma | <input type="checkbox"/> Asian or Asian British Bangladeshi |
| <input type="checkbox"/> White Irish Traveller | <input type="checkbox"/> Asian or Asian British other* |
| <input type="checkbox"/> White other* | <input type="checkbox"/> Black or Black British Caribbean |
| <input type="checkbox"/> Mixed White and Black Caribbean | <input type="checkbox"/> Black or Black British African |
| <input type="checkbox"/> Mixed White and Black African | <input type="checkbox"/> Black or Black British other* |
| <input type="checkbox"/> Mixed White and Asian | <input type="checkbox"/> Arab |
| <input type="checkbox"/> Mixed other* | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Other ethnic group* | <input type="checkbox"/> Prefer not to say |

*If your ethnic group was not specified in the list please describe your ethnic group.

Thank you - by completing this form you are helping us to ensure that our services are fair and open to all.