

Local Plan Update 2023-2040: Proposed Submission Plan September 2024 Representation form

**Please return to Wokingham Borough Council by:
5pm Wednesday 13 November 2024**

Data Protection Notice

The personal information you provide on this form will be processed in accordance with General Data Protection Regulations 2018 (GDPR). The information you provide will only be used for the purposes of the preparation of the Local Plan Update as required by the Planning and Compulsory Purchase Act 2004 (as amended) and may be used by the council to contact you if necessary, regarding your submission.

Your name, name of organisation, and comments, will be made available for public inspection when displaying and reporting the outcome of the consultation and cannot be treated as confidential. You will not be asked for any unnecessary information, and we will not publish any personal data beyond what is stated in this declaration.

Your details will be kept in accordance with the council's Privacy Notice. Processing is kept to a minimum and data will only be processed in accordance with the law. We will take all reasonable precautions to protect your personal data from accidental or deliberate loss or unauthorised disclosure.

The council's Privacy Notice can be found on the council's website
[Wokingham Borough Council Privacy Notice](#)

This form has two parts:

Part A - Personal details and those of your agent (if applicable)–this need only be completed once.

Part B - Your representation(s) – please fill in a separate sheet for each representation you wish to make.

Part A.1 - personal details

Please enter your details here.

If an agent is appointed, please enter the client details here. The details of the agent should be completed in Part A.2.

First name

Surname

Job title

Organisation (where relevant)

Email address

Telephone number

Address line 1

Address line 2

City/town

Postcode

Are you represented by an agent? Please put a X against in the appropriate box.

| | |
|-----|--|
| Yes | |
| No | |

Part A.2 –agent details

First name

Surname

Job title

Organisation

Email address

Telephone number

Address line 1

Address line 2

City/town

Postcode

Part B - Your representation(s)

1. To which part of the Plan does this representation relate?

Please specify the relevant policy/ paragraph/ figure/ table/ Policies Map

| |
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| |
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2. Do you consider that the Plan is legally compliant? Please put a X against in the appropriate box.

| | |
|-----|--|
| Yes | |
| No | |

3. Please give details of why you consider the Plan is not legally compliant. If you wish to support the legal compliance of the Plan, please also use this box to set out your comments.

| |
|--|
| |
|--|

4. Do you consider that the Plan complies with the Duty to Cooperate? Please put a X against in the appropriate box.

| | |
|-----|--|
| Yes | |
| No | |

5. Please give details of why you consider the Plan fails to comply with the duty to cooperate. If you wish to support the Plans compliance with the duty to cooperate, please also use this box to set out your comments.

| |
|--|
| |
|--|

6. Do you consider that the Plan is sound? Please put a X against in the appropriate box.

| | |
|-----|--|
| Yes | |
| No | |

7. Please give details of why you consider the Plan is unsound. If you wish to support the soundness of the Plan, please also use this box to set out your comments.

| |
|--|
| |
|--|

8. Please set out the modification(s) you consider necessary to make the Plan legally compliant and sound, in respect to the matters you have identified above. You will need to say why each modification(s) will make the Plan legally compliant or sound. It will be helpful if you are able to put forward your suggested revised wording of any policy or text. Please be as precise as possible.

| |
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Participation in hearing sessions

If your representation is seeking a modification to the Plan, do you consider it necessary to participate in the examination hearing sessions? Please put a X against in the appropriate box

| | |
|---|--|
| Yes, I wish to participate in the hearing session(s). | |
| No, I do not wish to participate in the hearing session(s) / I am not seeking modifications to the plan | |

If you wish to participate at the examination hearing session(s), please outline why you consider this to be necessary.

| |
|--|
| |
|--|

Please note that the Planning Inspector will determine the most appropriate procedure to adopt to hear those who have indicated that they wish to participate in the examination hearing sessions, and which hearing sessions they should attend. You may be asked to confirm your wish to participate when the Inspector has identified the matters and issues for the examination.

About you

Please tell us a little bit about yourself. You do not have to answer these questions if you do not wish to, but if you do, it will be very helpful for us to understand which diverse groups and communities we are hearing from.

What is your sex? (a question about gender identity will follow if you are aged 16 or over). Please put a X against in the appropriate box.

| | |
|-------------------|--|
| Male | |
| Female | |
| Prefer not to say | |

Are you aged 16 or over? Please put a X against in the appropriate box.

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

This question is for respondents aged 16 and over: Is the gender you identify with the same as your sex registered at birth? Please put a X against the appropriate box.

| | |
|------------------------|--|
| Yes | |
| No – write in identity | |
| Prefer not to say | |

Which of the following best describes your sexual orientation? Please put a X against in the appropriate box.

| | |
|------------------------------|--|
| Heterosexual / straight | |
| Gay / lesbian | |
| Bi-sexual | |
| Any other sexual orientation | |
| Prefer not to say | |
| Other (please specify | |

Which age range are you in? Please put a X against in the appropriate box.

| | |
|-------------------|--|
| 16-19 | |
| 20-24 | |
| 25-34 | |
| 35-44 | |
| 45-54 | |
| 55-64 | |
| 65-74 | |
| 75-84 | |
| 85+ | |
| Prefer not to say | |

How would you describe your ethnic origin? Please put a X against in the appropriate box.

| | |
|---|--|
| White English, Welsh, Scottish, Northern Irish, British | |
| White Irish | |
| White Gypsy or Irish Traveller | |
| Any other white background | |
| White and black Caribbean | |
| White and black African | |
| White and Asian | |
| Any other mixed / multiple ethnic background | |
| Indian | |
| Pakistani | |
| Chinese | |
| Any other Asian background | |
| Black African | |
| Black Caribbean | |
| Any other black background | |
| Arab | |
| Prefer not to say | |
| Other (please specify | |

What is your legal marital or registered civil partnership status? Please put a X against in the appropriate box.

| | |
|--|--|
| Never married and never registered a civil partnership | |
| Married | |
| In a registered civil partnership | |
| Separated, but still legally married | |
| Divorced | |
| Formerly in a civil partnership which is now legally dissolved | |
| Widowed | |
| Surviving partner from a registered civil partnership | |
| Prefer not to say | |

Have you or your partner had a baby in the last 12 months? Please put a X against in the appropriate box.

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

Disability

The Equality Act 2010 defines someone as a disabled person if they have a physical or mental impairment which has a long term and substantial adverse effect on their ability to carry out normal day-to-day activities.

A disability may include progressive conditions such as HIV and cancer, mobility, sight or hearing impairments or mental health issues such as depression.

In considering whether you have a disability you should not take into account the effect of any medication or treatments used or adaptations made which reduce the effects of an impairment (other than glasses or contact lenses used to correct a visual impairment).

Do you consider yourself to have a disability? Please put a X against in the appropriate box.

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

What is your religion? Please put a X against in the appropriate box.

| | |
|---|--|
| Buddhist | |
| Christian (including Church of England, Catholic, protestant and all other denominations) | |
| Hindu | |
| Jewish | |
| Muslim | |
| Sikh | |
| No religion | |
| Prefer not to say | |
| Other (please specify) | |