

Translation Request

We want all of our customers to be able to understand the information we provide. If you need to receive this information in your own language or in an alternative format (e.g large print, Braille), please contact the Consultation Officer on 020 8937 5600

ENGLISH

நாங்கள் வழங்கும் தகவலை எங்களின் எல்லா வாடிக்கையாளர்களும் புரிந்துகொள்வதை நாங்கள் விரும்புகின்றோம். இந்தத் தகவலை உங்களின் சொந்த மொழியில் அல்லது ஒரு மாற்று வடிவத்தில் (உதாரணம்: பெரியெழுத்து, பிரேயில்) நீங்கள் வேண்டினால், தயவுசெய்து 0208 937 5127 இல் கவந்தாலோசிப்பு அதிகாரியைத் தொடர்புகொள்ளவும்.

TAMIL

Queremos que nossos clientes entendam todas as informacoes que fornecemos. Se precisarem receber essa informacao em seu proprio idioma ou em outro formato (ex: letras maiores Ou Braille) por favor contate o funcionario de consulta no Telefone 020 8937 5600

Portuguese

Chcemy, aby wszyscy nasi klienci byli w stanie zrozumieć przedstawiane przez nas informacje. Jeśli potrzebuje Pan(i) uzyskać te informacje w swoim języku lub w innej formie (np. dużą czcionką, alfabetem Braille'a), prosimy skontaktować się z urzędnikiem ds. konsultacji Consultation Officer pod numerem 020 8937 5600.

POLISH

Waxaanu rabnaa in dhamaan macaamiishayadu fahmi karaan warbixinta aanu siino. Haddii aad u baahatid in warbixinta aad ku hesho luqadaada ama hab kale (sida qoraal balaadhan, taabasho akhris) fadlan lasoo xidhiidh xafiiska talo bixinta ee 020 8937 5600.

SOMALI

અમે જે પૂરી પાડીએ છીએ તે માહિતીમાં અમારા બધાં જ ગ્રાહકોને સમજણ પડે એવું અમે ઈચ્છીએ છીએ. જો તમને આ માહિતી તમારી પોતાની ભાષામાં અથવા બીજા કોઈ સ્વરૂપમાં (દા.ત. મોટા અક્ષરોમાં છાપેલી, બ્રેઈલમાં) મેળવવાની જરૂર પડે, તો કૃપા કરીને કન્સલ્ટેશન ઓફિસરનો 020 8937 5600 પર સંપર્ક કરો

GUJARATI

ہم چاہتے ہیں کہ جو معلومات ہم دین وہ ہمارے تمام کسٹمرز سمجھ سکیں۔ یہ معلومات اگر آپ کو اپنی زبان یا کسی دیگر شکل (بڑے حروف کی چھپائی، بریل) میں درکار ہو تو برائے مہربانی کنسلٹیشن آفیسر سے نمبر 0208 937 5127 پر رابطہ کریں۔

URDU

हम चाहते हैं कि जो सूचना हम दें वह हमारे सब कस्टमर्स समझ सकें। यह सूचना यदि आपको अपनी भाषा या किसी अन्य रूप (बड़े अक्षरों, ब्रेल) में चाहिये तो कृपया कंसल्टेशन ऑफिसर से नंबर 0208 937 5127 पर संपर्क करें।

HINDI

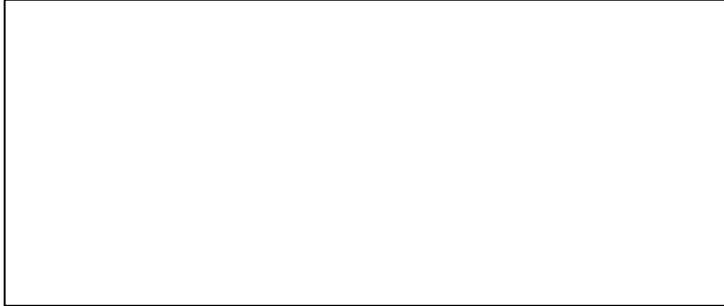
Dorim ca toți clienții noștri să poată înțelege informațiile pe care le oferim. Dacă doriți să primiți aceste informații în limba dumneavoastră maternă sau într-un format alternativ (ex.: scis mare, Braille), vă rugăm să contactați Ofițerul pentru Consultații (Consultation Officer) la 020 8937 5600

PUNJABI



Questionnaire

Proposed road safety measures
A5 Cricklewood Broadway from Longley Way to Kara Way



Dear Sir or Madam,

Your views are important to us - please take the time to read this document and respond.

The information you provide will be treated confidentially and will be used solely by the London Borough of Brent.

Sending back this form

Please complete this questionnaire and return it in the **FREEPOST** envelope enclosed, to reach us by **Friday 26th May 2017**. Alternatively, post it to **London Borough of Brent, Highways and Infrastructure, Civic Centre, Engineers Way, Wembley, Middlesex, HA9 0FJ**.

Details on-line

Consultation results will be available on our website. Please go to www.brent.gov.uk/consultation Results will generally be available within one month of the closing date

Only one reply per household or business will be accepted.

Sandor Fazekas,
Project Development Manager
Highways & Infrastructure

If you require this document in larger print please call
0208 937 5600

Brent

Building a better borough



Question

1. Do you agree with the proposed road safety measures described in this document and indicated on the plan provided?

Yes

No

No Opinion

Comments

Thank you for taking the time to complete this questionnaire.

If you require any additional information or would like further explanation,
Please call Y. Gunaseelan on 020 8937 5600

Equalities Monitoring Questionnaire

We are committed to ensuring that the services we provide meet the needs and requirements of all sections of the community. It is not compulsory to provide the information we are asking for but you will be helping us to meet this commitment and tailor our services to the needs of Brent's community, if you do so.

Any information given will be processed, in accordance with the Data Protection Act 1998 and therefore information which can identify you will not be published or passed to any third party.

We would appreciate your help in completing this questionnaire.

1) Your first and last name:

.....

2) Your address:

.....

3) What is your ethnic group? (Please tick the relevant box)

Asian or Asian British	Black or Black British	Other Ethnic Group
<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Chinese <input type="checkbox"/> British <input type="checkbox"/> Asian Other	<input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Somali <input type="checkbox"/> British <input type="checkbox"/> Black Other	<input type="checkbox"/> Eastern European <input type="checkbox"/> Turkish <input type="checkbox"/> Afghan <input type="checkbox"/> Any other ethnic group
White	Mixed Race / Dual Heritage	
<input type="checkbox"/> British/English/Welsh/Scottish/Northern Irish <input type="checkbox"/> Irish <input type="checkbox"/> Traveller of Irish Heritage <input type="checkbox"/> Gypsy Roma <input type="checkbox"/> White Other	<input type="checkbox"/> White/Black Caribbean <input type="checkbox"/> White/Black African <input type="checkbox"/> White/Asian <input type="checkbox"/> Any other mixed background	<input type="checkbox"/> Prefer not to say

4) Do you consider yourself to have a disability?

Are your day to day activities (such as reading a book, shopping, using a telephone, getting washed or dressed, preparing and eating food) limited because of a health problem or disability which has lasted or is expected to last at least 12 months?

Yes No Prefer not to say

5) Please indicate your sex Female Male Prefer not to say

6) To which age group do you belong?

16-24 25-34 35-44 45-54 55-64 65-74 75+ Prefer not to say

7) What is your religion? (Please tick the relevant box)

Agnostic Buddhist Christian Hindu Humanist Jewish Muslim
 Sikh No religious belief Other Prefer not to say

8) What is your sexual orientation? Gay woman/Lesbian Gay Heterosexual
 Bisexual Other Prefer not to say