

Disabled Person's Parking Bays

Introduction

A review has been completed on the Disabled Persons Parking Bay scheme resulting in a proposal to amend elements of the scheme.

The proposed main changes to the scheme are:

- Applications will be online or in person at One4All Centres
- Additional eligibility criteria to be introduced
- Continued eligibility of successful applicants will be confirmed annually
- Unsuccessful applicants will be provided with an explanation why they were unsuccessful

How we use your personal information

The information you provide will only be used for the purposes of this consultation. To learn more about how your information is used, please visit the Council's Consultation Privacy Notice and Data Protection Pages.

Service Delivery

1. Do you agree that

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
the number of bays provided annually should remain at 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the Council should continue to absorb the total cost to run the scheme, which is approximately £43,000 p.a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
more information should be provided in the application about traffic prohibitions that would prevent a parking bay from being installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a reason should be provided to the applicant if they are unsuccessful following the assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Eligibility

The current eligibility criteria is:

- **All applicants must be the current holder of a Disabled Persons Blue Badge.**
- **The vehicle is registered at the address and the registered owner resides at the same address.**
- **The applicant does not have access to off -road parking.**
- **There are no traffic prohibitions on the road directly outside the main entrance to the property and · it must be safe to install a parking bay**

Supply medical evidence from a health professional such as a consultant, specialist nurse or physiotherapist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
be in receipt of higher rate PIP/DLA, Attendance Allowance, War pension mobility supplement or Armed Forces Independence Payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
<div></div>					

Application Process

2. Do you agree that

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Applications should only be made online or in person @ One4All Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
applications to the scheme should be open annually, for a minimum period of 2 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
there should be no right to appeal the outcome of the application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who have a Disabled Parking Bay should confirm they remain eligible on an annual basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
<div></div>					

Equality Monitoring Questions

Rhondda Cynon Taf Council – Equality Monitoring Form

The Council is committed to the principle of equal opportunities and having a clear picture of the equality profile of our consultation respondents can help monitor the effectiveness of our equal opportunities policies and procedures. We conduct monitoring in order to identify gaps in access to our services, and make targeted changes where gaps are identified. Data is only used to improve services, and in reporting.

3. You are entirely free to decide whether or not to complete this form and there are no consequences of failing to do so. We do not intend on capturing any personal identifiable information through this form. Please be mindful of this in the responses you provide within the free text areas. In the instance where you do provide us with information about yourself or others, RCTCBC will ensure it will be processed in line with the requirements of the Data Protection Act 2018 and only used for monitoring and reporting purposes.

☐ I do not wish to provide any of the information requested on this form

4. **Age**

☐ 15 or under

☐ 16-24

☐ 25-34

☐ 35-44

☐ 45-54

☐ 55-64

☐ 65-74

☐ 75+

☐ Prefer not to say

5. **Sex**

Are you

☐ Female

☐ Male

☐ Prefer not to say

If you prefer your own term, please provide this here:

6. **Gender Identity**

Is the gender you identify with the same as your sex registered at birth?

☐ Yes

☐ No

☐ Prefer not to say

Please write in your gender:

7. **Sexual Orientation**

Which of the following best describes your sexual orientation?

- ☐ Bisexual
- ☐ Gay man
- ☐ Gay woman / Lesbian
- ☐ Heterosexual / Straight
- ☐ Prefer not to say

If you prefer to use your own term, please provide this here:

8. **National Identity**

How would you describe your national identity?

- ☐ British
- ☐ Cornish
- ☐ English
- ☐ Irish
- ☐ Northern Irish
- ☐ Scottish
- ☐ Welsh
- ☐ Other
- ☐ Prefer not to say

Please describe

9. Ethnicity

How would you describe your ethnic origin?

- | | |
|---|---|
| <input type="checkbox"/> Arab | <input type="checkbox"/> English Gypsy |
| <input type="checkbox"/> Asian: British | <input type="checkbox"/> Irish Gypsy |
| <input type="checkbox"/> Asian or Asian British: Bangladeshi | <input type="checkbox"/> Irish Traveller |
| <input type="checkbox"/> Asian or Asian British: Chinese | <input type="checkbox"/> Scottish Gypsy |
| <input type="checkbox"/> Asian: Cornish | <input type="checkbox"/> Scottish Traveller |
| <input type="checkbox"/> Asian: English | <input type="checkbox"/> Welsh Gypsy |
| <input type="checkbox"/> Asian or Asian British: Indian | <input type="checkbox"/> Mixed/Multiple: African & Caribbean |
| <input type="checkbox"/> Asian: Irish | <input type="checkbox"/> Mixed/Multiple: Black African & White |
| <input type="checkbox"/> Asian: Northern Irish | <input type="checkbox"/> Mixed/Multiple: Black British & White |
| <input type="checkbox"/> Asian or Asian British: Pakistani | <input type="checkbox"/> Mixed/Multiple: Black Caribbean & White |
| <input type="checkbox"/> Asian: Scottish | <input type="checkbox"/> Mixed/Multiple: East Asian & White |
| <input type="checkbox"/> Asian or Asian British: Other East Asian | <input type="checkbox"/> Mixed/Multiple: South Asian & White |
| <input type="checkbox"/> Asian or Asian British: Other South Asian | <input type="checkbox"/> Mixed/Multiple: Other (please describe): |
| <input type="checkbox"/> Asian: Welsh | <input type="checkbox"/> Roma |
| <input type="checkbox"/> Asian or Asian British: Other (please describe): | <input type="checkbox"/> Sinti |
| <input type="checkbox"/> Black: British | <input type="checkbox"/> White: British |
| <input type="checkbox"/> Black or Black British: African | <input type="checkbox"/> White: Cornish |
| <input type="checkbox"/> Black or Black British: Caribbean | <input type="checkbox"/> White: English |
| <input type="checkbox"/> Black: Cornish | <input type="checkbox"/> White: Gypsy |
| <input type="checkbox"/> Black: English | <input type="checkbox"/> White: Irish |
| <input type="checkbox"/> Black: Irish | <input type="checkbox"/> White: Irish Traveller |
| <input type="checkbox"/> Black: Northern Irish | <input type="checkbox"/> White: Northern Irish |
| <input type="checkbox"/> Black: Scottish | <input type="checkbox"/> White: Scottish |
| <input type="checkbox"/> Black: Welsh | <input type="checkbox"/> White: Welsh |
| <input type="checkbox"/> Black, Black British or Black African: | <input type="checkbox"/> White: Other (please describe): |
| <input type="checkbox"/> Other (please describe): | <input type="checkbox"/> Prefer not to say |

If other Ethnic Group or if you would prefer to use your own definition, please specify:

10. **Disability**

Do you consider yourself to be disabled?

'The definition of disability as defined under the Equality Act (2010) is 'a physical or mental impairment which has a substantial or long term adverse effect on the ability to carry out day-to-day activities'.

- ☐ Yes
☐ No
☐ Prefer not to say

11. **Religion or belief**

What is your religion or belief?

- | | |
|--|--|
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Christian (including Church of Wales, Catholic, Protestant and all other denominations) | <input type="checkbox"/> Non-religious (e.g. Atheist, Humanist etc.) |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Prefer not to say |

If other Religion or Belief, or if you prefer to use your own definition, please provide this here:

12. **Caring Responsibilities**

Do you look after, or support family members, friends, neighbours or others because of either: a long term physical or mental condition/disability or problems related to old age?

- ☐ No
☐ Yes, 1-19 hours a week
☐ Yes, 20-49 hours a week
☐ Yes, 50 or more hours a week
☐ Prefer not to say

13. **Pregnancy and maternity**

Are you currently pregnant, or have you been pregnant within the last 12 months?

- ☐ Yes
☐ No
☐ Prefer not to say

14. Have you taken (or are you currently taking) maternity leave in the last 12 months?

- ☐ Yes
☐ No
☐ Prefer not to say

15. **Veterans and Armed Forces**

Have you ever, or are you currently, serving in the Armed Forces?

- ☐ Yes
☐ No
☐ Prefer not to say

16. **Under the Equality Act 2010 and the Public Sector Equality Duties, the Council has a legal duty to look at how its decisions impact on people because they may have particular characteristics.**

How would the proposals affect you because of your:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Sex | <input type="checkbox"/> Religion / Belief |
| <input type="checkbox"/> Age | <input type="checkbox"/> Gender identity |
| <input type="checkbox"/> Ethnicity | <input type="checkbox"/> Relationship status |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Sexuality | <input type="checkbox"/> Preferred language |

Please provide your reason/s:

17. As part of our Welsh Impact Assessment (WIA) process, the Council has identified that there are possible impacts on the Welsh Language. Please review the WIA and provide any comments if appropriate.

18. How do you feel the proposal could impact on opportunities for learners to use and promote the Welsh Language?

- ☐ Positively
☐ Negatively
☐ No impact
☐ Don't know

19. How could positive effects be increased, or negative effects be decreased?

20. Does the proposal, in any way, treat the Welsh Language less favourably than the English Language?

- ☐ Yes
☐ No
☐ Don't know

Citizens' Panel

Would you like to be part of our Citizens' Panel and be contacted with information about consultations to improve and develop services in Rhondda Cynon Taf? Panel membership is voluntary and you are under no obligation to take part in any consultations that we send you.

How we use your personal information

The lawful basis for RCTCBC processing your information under data protection law for Citizens' Panel purposes is as part of our public task. To learn more about how your information is used for Citizens' Panel purposes please visit the Council's Consultation Privacy Notice on the Council website.

21. Would you like to become part of our Citizens' Panel

- ☐ Yes
☐ No
☐ I already am a member

22. How would you like to be contacted?

- ☐ Email
☐ Letter

23. Please provide your contact details:

Name:

Address:

Post Code:

Email:

Thank you for taking the time to complete the above consultation.

Please submit your response below.