

Treorchy to Treherbert Active Travel Route Phase 2 and 3

Please read the supporting material, which can be found here, before answering the questions to ensure your responses are informed and reflect the proposals being consulted on

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.

1. Do you think the scheme will encourage you to make your journey by walking or cycling?

Yes

No

2. How would you undertake your journey on the route?

Walk

Cycle

Both

Other

Please specify

3. What local services/amenities would you use this route to access?

Education

Employment

Other

Health

Transport Link

Please specify

4. What effect do you consider the scheme will have on the following:

	Positive	Slightly Positive	No Change	Slightly Negative	Negative
Road Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic Congestion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Are there any additional comments you would like to make about the scheme proposals

6. 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:

7. 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.

8. 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

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

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

- Yes No Don't know

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.

11. 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

12. Age

15 or under

55-64

16-24

65-74

25-34

75+

35-44

Prefer not to say

45-54

13. **Sex**

Are you

Female

Male

Prefer not to say

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

14. **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:

15. **Sexual Orientation**

Which of the following best describes your sexual orientation?

Bisexual

Gay woman / Lesbian

Prefer not to say

Gay man

Heterosexual / Straight

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

16. **National Identity**

How would you describe your national identity?

- | | | |
|----------------------------------|---|--|
| <input type="checkbox"/> British | <input type="checkbox"/> Irish | <input type="checkbox"/> Welsh |
| <input type="checkbox"/> Cornish | <input type="checkbox"/> Northern Irish | <input type="checkbox"/> Other |
| <input type="checkbox"/> English | <input type="checkbox"/> Scottish | <input type="checkbox"/> Prefer not to say |

Please describe

17. **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: Other (please describe): | <input type="checkbox"/> White: 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:

18. **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'.

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|------------------------------|-----------------------------|--|

19. **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:

20. **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?

- | | |
|--|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes, 50 or more hours a week |
| <input type="checkbox"/> Yes, 1-19 hours a week | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Yes, 20-49 hours a week | |

21. **Pregnancy and maternity**

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

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|------------------------------|-----------------------------|--|

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

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|------------------------------|-----------------------------|--|

23. **Veterans and Armed Forces**

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

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|------------------------------|-----------------------------|--|

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.

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

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> I already am a member |
|------------------------------|-----------------------------|--|

25. How would you like to be contacted?

- | | |
|--------------------------------|---------------------------------|
| <input type="checkbox"/> Email | <input type="checkbox"/> Letter |
|--------------------------------|---------------------------------|

26. 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 to
Freepost RUGK-EZZL-ELBH
Consultation Team
Third Floor Office
2 Llys Cadwyn
PONTYPRIDD
CF37 4TH

All correspondence should be received no later than 21st
July 2026.