

PUBLIC CONSULTATION QUESTIONNAIRE

If you would like a copy of the outcome of the consultation emailed to you please include:

Your name:

Your email address:

1. **Have you read the Consultation Document:** On the proposal to close Raine’s Foundation School from 31 August 2020 (including plans to expand nearby Oakland’s Secondary School, for the transfer of Raine’s pupils)

- a. Yes
- b. No

2. **What is your interest in this issue:**

- Member of staff at Raine’s Foundation School
- Member of staff at Oaklands School
- Parent / carer of a child / ren at Raine’s Foundation School
- Parent / carer of a child / ren at Raine’s Oaklands School
- Student at Raine’s Foundation School
- Student at Oaklands School
- Member of Raine’s Foundation Trust
- Local Resident
- Prefer not to say
- Other (please specify)

3. **Do you have any comments about the proposed closure of Raine’s Foundation School?**

4. **Do you have any comments about the proposed expansion of Oaklands School?**

5. **Do you have any comments about the proposed amalgamation of Raine’s Foundation School with Oaklands School, by closing Raine’s Foundation School and expanding Oaklands School?**

6. Do you have any alternative suggestions to the options presented in this consultation?

About you

The Council has a legal duty to comply with the Equality Act 2010. A key part of the Act involves taking the necessary steps to collect equality data on our residents.

We are endeavouring to receive comments from a broad range of people reflective of our community to understand how different groups of people might be affected by the proposals. In order to enable us to assess the potential impact on these groups, it would be helpful if you could complete the section below, however, completion of the form is optional. For more information the privacy notice for pupil services can be accessed [here](#).

1. How old are you?

- 0-15
- 16-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85+
- Prefer not to say

2. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months (include any problems related to old age)?

- Yes
- No
- Prefer not to say

Please state the type of health problem or disability that applies to you?
(People may experience more than one type of disability or health problem, in which case you may indicate more than one. If none of the categories applies, please mark 'Other' and specify the type of health problem or disability.)

Sensory impairment, (such as being blind / having a visual impairment or being deaf / having a hearing impairment)	
Physical impairment, (such as using a wheelchair to get around and / or difficulty using your arms)	
Learning disability, (such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)	
Mental health condition, (such as depression or schizophrenia)	
Long-standing illness or health condition (such as cancer, HIV,	

diabetes, chronic heart disease, or epilepsy)	
Prefer to self-describe (please specify):	
Prefer not to say	

3. Which best describes your gender?

- Male
- Female
- Prefer not to say
- Prefer to self-describe (please specify):

4. Is your gender identity the same as the sex you were assigned at birth?

- Yes
- No
- Prefer not to say

5. Which of the following describes your sex?

- Man
- Woman
- Intersex
- Prefer not to say
- Prefer to self-describe (please specify):

6. Are you legally married or in a civil partnership?

- Yes
- No
- Prefer not to say

7. Which best describes your current marital, civil partnership or cohabitation status?

- Single (never married or never registered a civil partnership)
- Married
- In a registered civil partnership
- Separated, but still legally married
- Separated, but still in a registered civil partnership
- Divorced
- Formerly in a registered civil partnership which is now dissolved
- Widowed
- Surviving partner from a registered civil partnership
- Cohabiting with a partner
- Prefer not to say

8. How would you describe your ethnic group?

- White:**
- British
- Irish
- Traveller of Irish heritage
- Gypsy / Roma
- Any other White background

Mixed:

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background

Asian / Asian British:

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Black / Black British:

- Somali
- Other African
- Caribbean
- Any other Black background

Other ethnic group:

- Chinese
- Vietnamese
- Any other background
- Prefer not to say

9. What is your religion or belief?

- No religion or belief
- Agnostic
- Muslim
- Christian
- Jewish
- Buddhist
- Sikh
- Hindu
- Humanist
- Prefer not to say
- Prefer to self-describe (please specify):

10. Which of the following describes your sexual orientation?

- Gay man
- Gay woman/lesbian
- Bisexual (attracted to men and women)
- Heterosexual/straight
- Prefer not to say
- Prefer to self-describe (please specify):

11. Do you have caring or parenting responsibilities? (for example, childcare or dependent adults)

- Yes
- No
- Prefer not to say