**West Dunbartonshire Council Local Development Plan Call for Evidence Response Form**

**About this survey**

Responses to this survey will help to inform the council’s Local Development Plan, which sets out how land is used across West Dunbartonshire, including homes, businesses, and opens space, among other uses. To find out more about the Local Development Plan please see the [Council’s Local Development Plan Scheme](https://www.west-dunbarton.gov.uk/council/key-council-documents/local-development-planning/development-plan/#:~:text=The%20Development%20Plan%20Scheme%20and%20Participation%20Statementsets%20out,the%20preparation%20of%20the%20new%20local%20development%20plan.).

To find out more about this consultation you can do so on the [Council's website - https://www.west-dunbarton.gov.uk/council/public-consultations/call-for-evidence/](https://www.west-dunbarton.gov.uk/council/public-consultations/call-for-evidence/).

**Where to send your response**

Once you have completed this form you can send it by email to [ldp@west-dunbarton.gov.uk](mailto:ldp@west-dunbarton.gov.uk). If you have completed the form by hand you may send it to:

Development Planning and Place Team  
West Dunbartonshire Council  
16 Church Street  
Dumbarton  
G82 1QL

You can also complete this survey online at: <https://arcg.is/1bLzan0>

**Information about you**

Any personal information you provide will be handled in line with the Council’s Privacy Notice: <https://www.west-dunbarton.gov.uk/privacy/privacy-notice/>

|  |  |
| --- | --- |
| Are you responding as an individual, an organisation or a representative? | Delete as appropriate:  Individual / Organisation / Representative |
| Please enter your first name |  |
| Please enter your surname |  |
| Please enter the name of your organisation or organisation you represent (if relevant) |  |
| Please provide an email address (optional) |  |
| Please provide a contact address (optional) |  |
| Would you like your details to be added to the Local Development Plan contact list? | Delete as appropriate: Yes / No |

**Please tell us what places you are providing us evidence about**

The listed options are [Community Council areas](https://www.west-dunbarton.gov.uk/community/community-planning-west-dunbartonshire/communities/community-councils/). Please place an ‘X’ in the box that applies.

|  |  |  |  |
| --- | --- | --- | --- |
| The Whole of West Dunbartonshire |  | Dumbarton West |  |
| Alexandria |  | Duntocher and Hardgate |  |
| Balloch and Haldane |  | Faifley |  |
| Bonhill and Dalmarnock |  | Kilmaronock |  |
| Bowling and Milton |  | Old Kilpatrick |  |
| Clydebank East |  | Parkhall, North Kilbowie and Central |  |
| Dalmuir and Mountblow |  | Renton |  |
| Dumbarton east and Central |  | Silvertoun and Overtoun |  |
| Dumbarton North |  | Other (please specify) |  |

**Please tell us what topics you are providing evidence For**

The topic areas are the policies within [National Planning Framework 4](https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2023/02/national-planning-framework-4/documents/national-planning-framework-4-revised-draft/national-planning-framework-4-revised-draft/govscot%3Adocument/national-planning-framework-4.pdf).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Climate Mitigation and Adaptation |  | Design, Quality and Place |  | Business and Industry |  |
| Biodiversity |  | Local Living and 20 Minute Neighbourhoods |  | City, Town, Local and Commercial Centres |  |
| Natural Places |  | Quality Homes |  | Retail |  |
| Soils |  | Rural Homes |  | Rural Development |  |
| Forestry, Woodland and Trees |  | Infrastructure First |  | Tourism |  |
| Historic Assets and Places |  | Heating and Cooling |  | Culture and Creativity |  |
| Green Belt |  | Blue and Green Infrastructure |  | Aquaculture |  |
| Brownfield, Vacant and Derelict Land and Empty Buildings |  | Play, Recreation and Sport |  | Minerals |  |
| Coastal Development |  | Flood Risk and Water Management |  | Other |  |
| Energy |  | Health and Safety |  |  |  |
| Zero Waste |  | Digital Infrastructure |  |  |  |
| Sustainable Transport |  | Community Wealth Building |  |  |  |

**Please tell us about the evidence we should consider for the Local Development Plan:**

**Equality and Diversity Monitoring**

The Council is committed to ensuring that all of its services/engagement processes are delivered fairly. We are therefore asking you the following, so that we can make sure that services are delivered fairly to everyone.

The information you provide will be kept confidential, but may be used by the Council to check on the fairness of any other services you receive. You do not have to answer these questions, and it will make no difference to the way the Council treats you if you prefer not to answer them.

Please choose one option from each of the sections listed below and then tick or place an X in the appropriate box**.**

**A. Your age**

|  |  |
| --- | --- |
| Under 16 |  |
| 16 - 24 |  |
| 25 - 34 |  |
| 35 - 44 |  |
| 45 - 54 |  |
| 55 - 64 |  |
| 65-74 |  |
| 75 plus |  |

**B. Your Impairment/Disability**

The Equality Act 2010 protects disabled people; it defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term adverse effect on the person’s ability to carry out normal day-to-day activities.

Do you consider yourself to have a disability according to the terms given in the Equality Act?

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

If you have answered yes, please indicate the type of impairment which applies to you (by ticking next to it below).

People may experience more than one type of impairment in which case tick all types that apply. If your impairment does not fit any of these, please mark ‘Other.’

|  |  |
| --- | --- |
| Physical impairment, such as difficulty using your arms or mobility issues, which means using a wheelchair, crutches or other |  |
| Sensory impairment, such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment. |  |
| Mental health condition, such as depression or schizophrenia. |  |
| Learning disability, (such as Down’s syndrome or dyslexia) or cognitive impairment (such as autism or head-injury). |  |
| Long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy. |  |
| Other (such as disfigurement, specify if you wish). |  |

**D. Your ethnic group**

|  |  |
| --- | --- |
| White or white Scottish or white British |  |
| White Irish |  |
| White Polish |  |
| White other |  |
| African or African Scottish or African British |  |
| Arab or Arab Scottish or Arab British |  |
| Black or Black Scottish or Black British |  |
| Caribbean or Caribbean Scottish or Caribbean British |  |
| Chinese or Chinese Scottish or Chinese British |  |
| Indian or Indian Scottish or Indian British |  |
| Pakistani or Pakistani Scottish or Pakistani British |  |
| Mixed/Multiple ethnicities |  |
| Other, write in if you wish | |
| Prefer not to say |  |

**E. Your sex**

|  |  |
| --- | --- |
| Male |  |
| Female |  |
| Intersex |  |
| I would describe my sex in a different way |  |

Have you ever identified as transgender? (16 and over only)

“Transgender” is defined as an individual who lives, or wants to live, full time in the gender opposite to that they were assigned at birth.

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

**F. Pregnancy/maternity**

|  |  |
| --- | --- |
| Are you pregnant at this time? |  |
| Have you given birth within the last 26 weeks? |  |

**G. Your religion or belief**

Which group below do you most identify with?

|  |  |
| --- | --- |
| No religion |  |
| Hindu |  |
| Church of Scotland |  |
| Roman Catholic |  |
| Hindu |  |
| Jewish |  |
| Muslim |  |
| Sikh |  |
| Any other religion or belief (specify if you wish) |  |

**H. Your sexual orientation (16 and over only)**

|  |  |
| --- | --- |
| Bisexual |  |
| Gay man |  |
| Gay woman / lesbian |  |
| Heterosexual / straight |  |
| Other (specify if you wish) |  |

**I. Where did you learn about this service/consultation?**

|  |  |
| --- | --- |
| Council website |  |
| Sign posted by another agency |  |
| Other (please state) |  |

**J. Do you have any of the following language or access requirements?**

Please tick all that apply

|  |  |
| --- | --- |
| Information in large print |  |
| Information in Easy Read |  |
| Information in Braille |  |
| Dyslexic friendly formats |  |
| Information in sign language video, please state which language e.g. British Sign Language or another |  |
| Sign language interpretation, please state which language e.g. British Sign Language or another |  |
| Tactile signing |  |
| Information in other format e.g. audio tape, electronic |  |
| Information in another language, please state which language |  |
| Another requirement, please state, for example if being visited please ensure that my door is knocked and door bell is rung, and or that I am called in advance |  |

To monitor the effectiveness of the council’s policies and procedures, information is stored and processed