

## Have your say on how High Wycombe is run: Your Voice, Your Town

1. **Which is your preferred option?** Please tick (✓) one option

- Keep arrangements as they are
- Replace current arrangements with a town council
- A different option (please give details below in question 2)
- I don't know

2. **Please tell us the reasons for your answer:**

If you have suggestions to improve current arrangements, please include them here.

3. **Would you be willing to pay a precept to cover the running costs and local investment in a town council?** Please tick (✓) one option

This would be an additional charge on top of your existing council tax bill.

- Yes
- No
- I don't know

### About you

**Responses without a name and full address will not be accepted.** We are asking you to provide your name and full address because we need to ensure we consider the views of residents and electors directly affected by the proposals. Your name and address will be verified against the Electoral Register to check if you are an elector in the unparished area of High Wycombe. **If you are not registered to vote in High Wycombe, you can still take part in the consultation.** Your information will also be used as part of quality assurance checks to ensure multiple responses have not been received from the same individual. No responses will be attributed to individual respondents. By submitting this survey with a completed name and address you are acknowledging that your information will be used as stated above.

<b>Name:</b>	
<b>Full address:</b>	

We want to understand the views and experiences of our communities in High Wycombe. Demographic data will be separated from your name and address for verification purposes. Your postcode and demographic data will be used to understand if responses are demographically and geographically representative of High Wycombe. The data will be anonymised and handled confidentially. All of the following questions are optional. You can skip any questions you do not wish to answer.

4. **What is your age?** Please tick (✓) one option

<input type="checkbox"/>	Under 18	<input type="checkbox"/>	35 to 44	<input type="checkbox"/>	65 to 74	<input type="checkbox"/>	Prefer not to say
<input type="checkbox"/>	18 to 24	<input type="checkbox"/>	45 to 54	<input type="checkbox"/>	75 to 84		
<input type="checkbox"/>	25 to 34	<input type="checkbox"/>	55 to 64	<input type="checkbox"/>	Over 85		

5. **Do you consider yourself to have a disability / disabilities, impairment(s) or long term health condition(s)?** Please tick (✓) all that apply

<input type="checkbox"/>	Disability / disabilities	<input type="checkbox"/>	Long term health condition(s)	<input type="checkbox"/>	Prefer not to say
<input type="checkbox"/>	Impairment(s)	<input type="checkbox"/>	No		

6. **Are you:** Please tick (✓) one option

<input type="checkbox"/>	Female	<input type="checkbox"/>	Male	<input type="checkbox"/>	Prefer not to say
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**7. How would you describe your ethnicity?** Please tick (✓) one option

<input type="checkbox"/>	Asian – British	<input type="checkbox"/>	Mixed or multiple ethnic groups - White and Black Caribbean
<input type="checkbox"/>	Asian - Bangladeshi	<input type="checkbox"/>	Mixed or multiple ethnic groups - Mixed or Multiple Ethnic backgrounds British
<input type="checkbox"/>	Asian - Chinese	<input type="checkbox"/>	Any other Mixed or Multiple ethnic background - Please give details below
<input type="checkbox"/>	Asian - Indian	<input type="checkbox"/>	White - English, Welsh, Scottish, Northern Irish or British
<input type="checkbox"/>	Asian - Pakistani	<input type="checkbox"/>	White - Irish
<input type="checkbox"/>	Any other Asian background – Please give details below	<input type="checkbox"/>	White - Gypsy or English traveller
<input type="checkbox"/>	Black - African	<input type="checkbox"/>	White - Irish Traveller
<input type="checkbox"/>	Black - British	<input type="checkbox"/>	White - European
<input type="checkbox"/>	Black - Caribbean	<input type="checkbox"/>	Any other White background - Please give details below
<input type="checkbox"/>	Any other Black, African or Caribbean background – Please give details below	<input type="checkbox"/>	Other ethnic group - Arab
<input type="checkbox"/>	Mixed or multiple ethnic groups - White and Asian	<input type="checkbox"/>	Other ethnic group - Arab British
<input type="checkbox"/>	Mixed or multiple ethnic groups - White and Black African	<input type="checkbox"/>	Other ethnic group - Please give details below
<input type="checkbox"/>	Mixed or multiple ethnic groups - White and Black British	<input type="checkbox"/>	Prefer not to say

Please give other details here:

**End of the survey**

Thank you for taking the time to complete this survey. **Please return your completed survey using the envelope provided by midnight on Sunday 7 April 2024.**

**Privacy**

We will use the information you provide here only for this activity. We will store the information securely in line with data protection laws and will not publish any personal details. Postal responses will be shared with a third party (data processor) contracted by Buckinghamshire Council to work on behalf of the Council to process the information. For more information about data and privacy and how we will use your information, please go to [www.buckinghamshire.gov.uk/privacy](http://www.buckinghamshire.gov.uk/privacy). If you have questions about data and privacy, please email us on [dataprotection@buckinghamshire.gov.uk](mailto:dataprotection@buckinghamshire.gov.uk) or write to our Data Protection Officer at Buckinghamshire Council, The Gateway, Gatehouse Road, Aylesbury, HP19 8FF.