Appendix 4



Public Spaces Protection Order (PSPO) Survey &

* Required

Please complete the survey questions below so that we can capture your views.

The survey will only take a few minutes to complete.

The consultation will end on Friday 1 November 2024.

. In what capacity are you responding to this survey? *				
\bigcirc	As a resident in one of the affected areas			
\bigcirc	On behalf of a resident in one of the affected areas			
\bigcirc	As someone who studies in one of the affected areas			
\bigcirc	On behalf of a local business in one of the affected areas			
\bigcirc	On behalf of a local community or voluntary group in one of the affected areas			
\bigcirc	As a taxi/Private Hire Vehicle driver who is subject this proposed PSPO			
\bigcirc	Other			

2. Has the presence of Private Hire Vehicle drivers affected the quality of life in the area?		
For example, do they take up all the parking spaces, block access, create litter, intimidate residents etc.		
Yes		
○ No		
3. If yes, please provide details:		
4. Have you been personally affected by any detrimental or negative behaviours by Taxi/Private Hire Vehicle drivers?		
Yes		
○ No		
5. If yes, please tell us about your experience:		

Is there any time of the day when their presence is more disruptive - i.e. vehicles waiting late at night / early morning for a fare?
Is this worse during school holidays?
7. Is this a problem in particular roads/streets? If so, please let us know where the issues are?
8. Do you think that the introduction of a new prohibition would help to control this behaviour?
9. Please tell us about anything else connected to taxi/Private Hire Vehicle behaviours that you feel is relevant.

6. Are the activities time sensitive or 24/7?

About you

We want to make sure that the views from a wide range of people are captured in the review.

The following standard questions and responses you provide will be used only for monitoring purposes.

10. Wh	What is your postcode? *			
11. What is your age group? *				
	18-24			
\bigcirc	25-34			
\bigcirc	35-44			
\bigcirc	45-54			
\bigcirc	55-64			
\bigcirc	65+			
\bigcirc	Prefer not to say			

12. What is your gender? *			
○ Male			
Female			
Prefer not to say			
Other			
13. Which of the following best describes your sexual orientation? *			
Bisexual			
Gay			
Lesbian			
Straight/heterosexual			
Prefer not to say			
Other			
14. Do you have a disability? A physical or mental illness or condition that has a substantial and long-term effect on your ability to carry out normal day to day activities. *			
Yes			
○ No			
Prefer not to say			

	\bigcirc	Asian or Asian British ethnic group or background (Indian, Pakistani, Bangladeshi, Chinese or any other Asian Background)			
	\bigcirc	Black, Black British, Caribbean, or African ethnic group or background (Caribbean, African, any other Black, Black British, Caribbean or African)			
	\bigcirc	Mixed or multiple ethnic group or background (White and Black Caribbean, White and Black African, White and Asian, any other mixed or multiple background)			
	\bigcirc	White group or background (English, Welsh, Scottish, Northern Irish or British Irish, English Gypsy/Traveller, Irish Traveller, Roma, any other Traveller background, any other White)			
	\bigcirc	Other ethnic group or background (Arab, any other ethnic group)			
16. What is your religion or belief? *					
	\bigcirc	No religion			
	\bigcirc	Buddhist			
	\bigcirc	Christian (Catholic, Church of England, Protestant, and all other Christian denominations)			
	\bigcirc	Hindu			
	\bigcirc	Jewish			
	\bigcirc	Muslim			
	\bigcirc	Sikh			
		Prefer not to say			

15. How would you describe your ethnicity? *