

The council is proposing to change the Allocations Policy and would like your feedback on these proposals. Please read the letter and summary sheet and then take a few moments to complete this questionnaire. The information will be treated as confidential and will not be shared with third parties.

About the proposed changes

Q1 Are you currently on Chesterfield Borough Council's housing register?

Yes No If no, go to Q4

Q2 What type of property are you hoping to be allocated?

Bedsit Maisonette Bungalow
 Flat House Sheltered housing

Q3 How many bedrooms are you hoping to be allocated?

1 2 3 4 More than 4

Q4 Are you a tenant of Chesterfield Borough Council?

Yes No

Q5 Below is a list of the changes explained in the summary sheet. For each one, please indicate the type of impact you think the change will have in general?

	Potentially Positive	Neutral	Potentially Negative	Don't know
Application form changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Priority banding changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical priority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local residency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low demand properties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Re-registration after rehousing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Owner occupiers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children in flats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnant applicants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exclusion for unacceptable behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amending application date due to change of priority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicants not bidding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicants refusing reasonable offers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicants aged 16 and 17 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q6 If you have ticked 'potentially negative' for any of the changes listed, please tell us what you think the impact will be.

Q7 Do you think the proposed changes will have an impact on you personally?

Yes Maybe No Don't know

Q8 Overall, do you think the proposed changes are positive?

Yes Yes, partly No Don't know

Q9 Do you have any other comments you'd like to make about the proposed changes?

Prize Draw

If you would like to be entered into a draw to win £50 of love to shop vouchers, please fill in your contact details. If you don't want to be included in the prize draw, just leave this section blank.

Name

Telephone number

Address

Email

 ***All information provided will be treated in accordance with the Data Protection Act 1998 and EU General Data Protection Regulation (GDPR), and will remain confidential. If you would like to read our data protection privacy notice, please visit: <https://www.chesterfield.gov.uk/privacy>***

About you

We would like to find out if particular groups have different experiences or perceptions of the Council. The information is confidential and is guaranteed to be anonymous, but if you feel uncomfortable answering a question, leave it blank and move onto the next.

What is your gender?

- Male Female

Is your gender identity the same gender you were assigned at birth?

- Yes No Prefer not to say

How old are you?

- | | |
|---|--|
| <input type="checkbox"/> Under 18 years | <input type="checkbox"/> 55 to 64 years |
| <input type="checkbox"/> 18 to 24 years | <input type="checkbox"/> 65 to 74 years |
| <input type="checkbox"/> 25 to 34 years | <input type="checkbox"/> 75 years and over |
| <input type="checkbox"/> 35 to 44 years | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> 45 to 54 years | |

Do you consider yourself to have a disability?

- | | |
|---|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes, affecting mobility |
| <input type="checkbox"/> Yes, Mental Health | <input type="checkbox"/> Yes, affecting hearing |
| <input type="checkbox"/> Yes, a learning disability | <input type="checkbox"/> Yes, a long standing health condition |
| <input type="checkbox"/> Yes, affecting vision | <input type="checkbox"/> Prefer not to say |

What is your ethnicity?

- | | |
|---|---|
| <input type="checkbox"/> White British | <input type="checkbox"/> Mixed ethnic group |
| <input type="checkbox"/> Other White background | <input type="checkbox"/> Other ethnic group |
| <input type="checkbox"/> Black or Black British | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Asian or Asian British | |

Which of the following best describes your religion?

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Christian | <input type="checkbox"/> None |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Other |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Muslim | |

Which of the following best describes your sexual orientation?

- | | |
|--|--|
| <input type="checkbox"/> Heterosexual / straight | <input type="checkbox"/> Gay man |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Lesbian / gay woman | |

Thank you for taking the time to complete this survey. Please return it by 24th September using the pre-paid envelope provided.