

Orchard Park: The Options for Change

Response Questionnaire

1. Both options aim to achieve the following vision for the future of the area:

Over the next 10-15 years, a co-ordinated approach to regeneration will bring about the transformation of Orchard Park. Excellent local schools, community facilities and shops will be delivered alongside revitalised homes and streets, encouraging existing and future generations of residents to stay in the area.

Together with high quality, welcoming parks and good connections to jobs in the city centre and the East Riding, Orchard Park will be a place of opportunity for all.

How strongly do you agree/disagree that this should be the vision for Orchard Park?

Strongly agree	☐	Agree	☐	Neither agree nor disagree	☐	Disagree	☐	Strongly disagree	☐
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Are there any changes you would like to see made to the vision? Please write them below:

2. Which of the options do you think would best deliver positive and long lasting change to Orchard Park?

Option 1	☐	Option 2	☐	Neither	☐
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Please give reasons for your choice:

3. If you have chosen Option 2, do you have any views on which areas should be retained for refurbishment and which areas should see houses demolished to make space for new homes and green spaces?

4. If you have chosen neither Option 1 nor Option 2, how would you like to see the area change?

About You

Title

Mr

☐

Mrs

☐

Miss

☐

Ms

☐

Dr

☐

First Name

Last Name

Address Line 1

Line 2

Line 3

Line 4

Post Code

Telephone Number

Email Address

If you would like to be involved in designing the new Orchard Park please tick here ☐

You do not have to fill in this section, but it will help us to improve the service we offer if you do.

1. What is your gender identity?

☐ Male

☐ Female

☐ Other

Please provide any further information about your/their gender if you wish.

2. What is your date of birth?

(d d / m m / y y)

3. Are your day-to-day activities limited because of a health problem or impairment which has lasted, or is expected to last at least 12 months? (Please include conditions such as mental health issues or problems related to ageing).

☐ Yes limited a lot

☐ Yes limited a little

☐ No

4. Which of the following best describes your ethnic background?

☐ White English / Welsh / Scottish / Northern Irish / British

☐ White Irish

☐ White Gypsy or Irish Traveller

☐ White any other background (please specify)

continued overleaf

- ☐ Black or Black British African ☐ Black or Black British Caribbean
☐ Black or Black British any other background (please state in the box below)

- ☐ Asian or Asian British Bangladeshi ☐ Asian or Asian British Chinese
☐ Asian or Asian British Indian ☐ Asian or Asian British Pakistani
☐ Asian or Asian British any other background (please state in the box below)

- ☐ Mixed / Multiple ethnic group White and Asian
☐ Mixed / Multiple ethnic group White and Black African
☐ Mixed / Multiple ethnic group White and Black Caribbean
☐ Mixed / Multiple ethnic group any other background (please state in the box below)

- ☐ Arab ☐ Any other ethnic background (please state in the box below)

5. What is your main language?

- ☐ English ☐ BSL (British Sign Language) ☐ Other, including sign languages (please specify below)

6. How would you describe your national identity?

- ☐ English ☐ Scottish ☐ Welsh ☐ Northern Irish ☐ British
☐ Other (please specify below)

7. What is your sexual orientation?

- ☐ Heterosexual/Straight ☐ Bisexual ☐ Homosexual / Gay / Lesbian
☐ Other (please specify below)

8. What is your religion?

- ☐ Buddhist ☐ Christian ☐ Hindu ☐ Jewish ☐ Muslim
☐ Sikh ☐ None
☐ Other (please specify below)

Your personal information will help us to make the best of the information we provide. Your details will remain confidential and will not be passed on to a third party

Thank you very much for your comments.

Completed questionnaires can be handed in at the Orchard Park Customer Service Centre, any of the Information Events or sent to:

**FREEPOST NEA 11619, Orchard Park PFI,
Hull City Council: Housing, Hull HU1 3BR**