Comment Form
Chinnor Neighbourhood Plan Review II - publicity period

Chinnor Parish Council is working on a Neighbourhood Plan Review II which has recently been submitted to South Oxfordshire District Council. If adopted, the reviewed plan will replace the Chinnor Neighbourhood Plan Review adopted on 20 May 2021.

Please return this comment form by **10am on 26 October 2023** to Planning Policy, South Oxfordshire District Council by post to 'Freepost SOUTH AND VALE CONSULTATIONS' (no other address information or stamp is needed) or email planning.policy@southandvale.gov.uk

This form has three parts

Part A – Personal Details
Part B – Your Comments
Part C – Our commitment to equal access for all

Next steps

After the publicity period ends, your responses to Part A and Part B, including your comments, name, email and postal address, will be sent to an independent examiner to consider. The opportunity for further comments at this stage would only be at the specific request of the examiner.

Most neighbourhood plans are examined without the need for a public hearing. If you think the neighbourhood plan requires a public hearing, you can state this in your comments, but the examiner will make the final decision.

Please clearly state in your comments if you wish to be notified of our decision on whether we formally adopt the neighbourhood plan.

All personal data will be held securely by the council and examiner in line with the Data Protection Act 2018. Comments submitted by individuals will be published on our website alongside their name. No other contact details will be published. Comments submitted by businesses, organisations or agents will be published in full, excluding identifying information of any individual employees. Further information on how we store personal data is provided in our privacy statement, available alongside this document.

Part C is for monitoring purposes only and all questions are optional. The information provided in this section will not be linked to your submission, shared with the independent examiner or outside the council, nor will it be published as part of the consultation results.

Part A – Personal Details

1. Are you completing this form as an: (please tick one box)

☐ Individual
☐ Organisation
☐ Agent

2. As the neighbourhood planning process includes an independent examination of the plan, your name, postal address and email (where applicable) are required for your comments to be considered by the examiner.

Title	
Name	
Job title (if relevant)	
Organisation (if relevant)	
Organisation representing (if relevant)	
Address line 1	
Address line 2	
Address line 3	
Postal town	
Postcode	
Telephone number	
Email address (where applicable)	

Part B – Your comments

3. You can provide your comments on the Chinnor Neighbourhood Plan Review ll below. When commenting, you should bear in mind that the examiner will mainly assess the plan against the 'basic conditions', which are set out in the Basic Conditions Statement, one of the supporting documents.

If you are commenting on a specific section or a supporting document, please make this clear.

After this publicity period consultation, the opportunity for further comments will be only at the request of the examiner.

If you wish to provide evidence and any supporting documents to support or justify your comments, please attach these to your response.

4. If appropriate, you can set out below what change(s) you consider necessary to make the plan able to proceed. It would be helpful if you are able to put forward your suggested revised wording of any policy or text. Please be as precise as possible.

If you wish to provide evidence and any supporting documents to support or justify your comments, please attach these to your response.

5. Most neighbourhood plans are examined without the need for a public hearing. If you think the neighbourhood plan requires a public hearing, you can state this below, but the examiner will make the final decision. Please indicate below whether you think there should be a public hearing on the Chinnor Neighbourhood Plan Review II:

- ☐ No, I do not request a public examination
- ☐ Yes, I request a public examination
- ☐ Don't know

6. Please state your specific reasons for requesting a public hearing below:

7. Would you like to be notified of South Oxfordshire District Council's decision to 'make' (formally adopt) the plan?

☐ Yes, I would like to be notified

8. How did you find out about the Chinnor Neighbourhood Plan Review II consultation?

☐ Parish Council
☐ District Council
☐ Poster
☐ Twitter
☐ Facebook
☐ Newsletter
☐ Word of mouth
☐ Next Door App
☐ Other (please specify):_____

Part C – Our commitment to equal access for all

We are committed to making sure that residents have equal access to all council services. Please help us to keep track of how successfully we are achieving this by ticking the appropriate boxes below.

These questions are for monitoring purposes only and all questions are optional. The information provided in this section will not be linked to your submission, shared with the independent examiner or outside the council, nor will it be published as part of the consultation results.

1. What is your sex?

- ☐ Female
- ☐ Male
- ☐ Prefer not to say

2. Is the gender you identify with the same as your sex registered at birth?

- ☐ Yes
- ☐ Prefer not to say
- ☐ No (please specify):

3. How old are you?

- ☐ 16-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65-74
- ☐ 75+
- ☐ Prefer not to say

4. What is your ethnic group?

- ☐ Prefer not to say

White

- ☐ English, Welsh, Scottish, Northern Irish, British
- ☐ Irish
- ☐ Gypsy or Irish Traveller
- ☐ Roma
- ☐ Any other White background

Asian or Asian British

- [ ] Indian
- [ ] Pakistani
- [ ] Bangladeshi
- [ ] Chinese
- [ ] Any other Asian background

Black, Black British, Caribbean or African

- [ ] Caribbean
- [ ] African
- [ ] Any other Black, Black British or Caribbean background

Mixed or Multiple Ethnic Groups

- [ ] White and Black Caribbean
- [ ] White and Black African
- [ ] White and Asian
- [ ] Any other Mixed or Multiple background

Other Ethnic Group

- [ ] Arab
- [ ] Other (please specify):

5. Do you have any physical or mental health conditions or illness lasting or expecting to last 12 months or more?

- [ ] Yes
- [ ] No (skip Q6)
- [ ] Prefer not to say

6. Do any of your conditions or illnesses reduce your ability to carry out day to day activities?

- [ ] Yes, a lot
- [ ] Yes, a little
- [ ] Not at all

Thank you for your comments.