



PROPOSED - PHASE 1 PROVISION OF AN ACTIVE TRAVEL ROUTE - YSTRAD MYNACH (as indicated in the drawing)

The consultation drawing shows the proposed scheme, which is funded by Welsh Government. The proposed scheme includes the following improvements:

- Extension of the existing 20mph speed limit including traffic calming along Pengam Road, Ystrad Mynach.
- Improvements to the existing 20mph gateways throughout the town centre.
- Modifications to the buildout on Pengam Road near the Davies Street junction.
- Enhancement of road markings and associated signage to introduce advisory cycle lanes.
- Construction of 3 new flat top humps which will incorporate a zebra crossing facility at the junction of Davies Street.
- Creation of a new bus stop/buildout in the vicinity of 43/45 Pengam Road for east bound bus services in order to accommodate the new zebra crossing.

Now you have had the opportunity to view the proposals, we would appreciate your comments. Comments will not receive individual replies but will be taken into account when reviewing and evaluating the level of public support for the scheme. We will also inform all those who have responded and provided contact details of the outcome of the consultation.

Questions 1&2 - Please tick the appropriate box.

Postcode:

Q1 . D		or disagree that	•	e overleaf or on separate sheets if you so wish. uld be encouraged to walk or cycle more often for					
		Agree		Disagree					
If you disagree, please explain why:									
Q2 In	general, do yo	ou agree or dis	agree with th	ne scheme outlined in the proposal?					
		Yes		No					
	r, you may co	ntinue overleaf	if necessary	nts, suggestions or matters you wish us to consider					
quest	ionnaires. If	you wish to I	be <u>contacte</u>	ential, but are useful in the analysis of completed of regarding a particular issue or informed of the					
Name	(Mr/Mrs/Ms):			e your contact details below:					
Addre	ss/ Fmail								

How we will use your information

We will use the data you have provided in our analysis and to inform our policy/scheme development and where appropriate to inform our decisions and changes. Your comments will not automatically receive individual replies but will be taken into account when reviewing and evaluating the support for the policy/scheme. We will inform those who have participated/responded of the outcome of our consultation if a contact address has been supplied by the respondent.

You have a number of rights in relation to the information including the right of access to information we hold about you and the right of complaint if you are unhappy with the way your information is being processed. For further information on how we process your information and your rights please click the following link: https://www.caerphilly.gov.uk/CaerphillyDocs/FOI/PrivacyNotices/Project-**Development-Consultation.aspx**

Due to the small scale nature of this survey, the full range of equalities monitoring questions has not been included. The questions below are not compulsory but your response will help us to fully understand the answers you have provided in the survey.

If you feel that these proposals will impact on you (either positively or negatively) because of any of the following: your

	igin, gender, age, marital status, sexua se of Welsh language, BSL or other lan									
l am age	ed (please tick one)									
\bigcirc	5-15)	Over 60							
\bigcirc	16-21)								
\bigcirc	22-29	50-59)							
I am (please tick one)										
00	Male		\bigcirc o	Prefer not to say						
00	Female		00	Other, please write in						
Do you have a disability, long-term illness or health problem? (Please select all that apply)										
	Yes, I have a disability		No							
	Yes, I have a long term illness or heaproblem	ılth		Prefer not to say						
Does your disability, long-term illness or health problem impact on your travel arrangements? (Please select only one)										
00	Yes	\bigcirc c	No							
I am (Please select only one)										
00	Employed full time (30 hours or more week)	\bigcirc \circ	Looking after the home or family							
00	Employed part time (less than 30 how week)	\bigcirc \circ	Long term sick or disabled							
\bigcirc \circ	Self-employed or freelance	00	Unemployed							
\bigcirc \circ	Retired	\bigcirc \circ	Prefer not to say							
\bigcirc \circ	A student	\bigcirc o	Other, please write in							

