FOXTON TRAVEL HUB

CONSULTATION QUESTIONNAIRE

Please read the Foxton Travel Hub consultation proposals and complete this questionnaire or respond online at www.greatercambridge.org.uk/foxton

Please submit your response before 9:00am on Monday 21 October 2019

If you would like a conv of this questionnaire in large print. Braille, as an audio file or in

Section 1 - About your response	3) How often would you be likely to use a Travel Hub at Foxton?		
Please select one of the following statements:	Daily		
I am responding as an individual	Weekly		
☐ I am responding on behalf of a business	2-3 times a month		
or group (Please state business or group name)	Once a month		
	Less than once a month		
	Never		
Section 2 - About the scheme	4) Other than the facilities described in the consultation		
1) Do you think that a Travel Hub at Foxton would improve access to sustainable transport for people travelling to destinations around Greater Cambridge?	materials, are there any other facilities that you thin should be provided at a Travel Hub in Foxton?		
Yes			
□ No			
☐ Not sure			
Considering the information presented in this consultation, which, if any, of the Foxton Travel Hub options would be your preferred option?			
Northern Option			
Southern Option			
No preference			
Neither			
Do you have any further comments on your selection? Please continue on a separate sheet if needed.			

HAVE YOUR SAY



Section 3 - About your journey

		•			•	ase tell us where you are usually travelling to
5)		ou were to use a Trave be likely to get to th		b at Foxton, how would vel Hub?	thro	from. If you make several different journeys ough the area, please tell us about the journey make most often.
		Car driver Car passenger		Bus Don't know		tcode of where you start your journey, if know
		Motorcycle Van/lorry		Other (specify)	Or, t	the area where you started your journey
		Cycle Walk		I would not use a Travel Hub at Foxton	Pos	tcode of destination, if known
6)	If you were to use a Travel Hub at Foxton, what would be the likely main purpose of your journeys? [Tick all					the area of your destination
	that	commuting to		Visiting friends/family		Cambridge city centre Cambridge Business or Science Park
		work/education Travelling for		Other (specify)		Cambridge Biomedical Campus (including Addenbrooke's Hospital)
		business (e.g. meetings)		Prefer not to say I would not use a	Oth	er (specify)
		Personal business (e.g. medical appointment)		Travel Hub at Foxton		have a duty to ensure that our work motes equality and does not discriminate or
		Leisure/shopping			disp	proportionately affect or impact people or ups with protected characteristics under the
7)	-	u regularly travel throse tell us how you us	_		the	ality Act 2010. Please comment if you feel any operatively or negatively or negatively ct or impact on any such person(s) or group(s)
		Car driver		Bus		
		Car passenger		Rail		
		Motorcycle		Other (specify)		
		Van/lorry	_			
		Cycle		I don't travel along		
		Walk		this corridor (Please go to question 10)	if yo	welcome your views. Please use the space beloou have any further comments on the project oposals. Please attach a separate sheet if needec
3)		often do you curren on area?	tly tr	avel through the		
		Daily/Weekdays		Once a month		
		Weekly		Less than once a		
		2-3 times a		month		
	_	month		Never		

9) If you regularly travel through the Foxton area,

Section 4 - About you

The following information will help us evaluate the consultation responses.

10)	Are	Resident in Foxton Resident elsewhere in South Cambridgeshire Resident in Cambridge city Local business owner Regular or occasional traveller through the area Resident elsewhere							
11)	Plea	se tick yo Under 1 15-24 25-34 35-44 45-54	_	e range.	Plea	se tick one box. 55 – 64 65-74 75 and above Prefer not to say	Na Em		
3)		In educa Employe Self-emp Unemplo A home-	ed bloyed based	d worker		Stay at home parent, carer or similar Retired Prefer not to say Other influences the way	Da on W		
4)	□ How	Yes did you l Booklet	near a	No about th	is co	Prefer not to say nsultation? Cambridge Matters	Ard to yo		
		Postcard Newspap Website Email Social m	oer ai			South Cambridge Magazine Local community news Word of mouth			

Other (specify)

Library

Contact details

The information you provide will be used to help the decision-making in this scheme. We may share your formation with our consultants and with the county uncil's Business Intelligence Service. We will not blish your personal details, but may publish your ponse with personal details removed. If you have nsented to be added to our consultation mailing list, may send you details of the consultation results d information about other consultations. You retain e right to opt out of the mailing list at any time. We I not sell your personal details nor pass them to any ner organisation except those directly involved in mpiling and analysing the consultation responses.

Name				
Email address				
Postcode (to identify concerns by location)				
Date of birth (optional: this is used to separate entries on our database)				
Would you like to be added to our mailing list? Yes No Are you happy for the Greater Cambridge Partnership o contact you via email to find out more about your views?				
Yes No				

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