



**REPLACEMENT LOCAL DEVELOPMENT PLAN (RLDP) (2023-2038)
Pre-Deposit (Preferred Strategy) Consultation Stage**

**INTERGRATED SUSTAINABILITY APPRAISAL (ISA)
COMMENT FORM**

Please use this form to submit comments on the Integrated Sustainability Appraisal. Please complete in BLOCK CAPITALS and in **Black Ink** only.

All forms must be returned by **midday 6th February 2025**. All comments must be made in writing and received before midday on 6th February 2025. Comments received after the deadline will not be accepted.

Or e-mail to: ldp@npt.gov.uk

Or post to: **Planning Policy Team
NPTC, The Quays,
Brunel Way, Baglan Energy Park,
Neath SA11 2GG.**

NB - All comments received will be available for public inspection and cannot be treated as confidential. The NPT Planning & Public Protection Service Privacy Statement can be viewed at: <https://beta.npt.gov.uk/system/terms-and-conditions/privacy-statement/service-specific-privacy-notice/privacy-statement-planning-and-public-protection/>

GDPR Confirmation

The General Data Protection Regulation (GDPR) requires that data protection principles, rights and obligations are applied to any personal data processing (data that the Council collects, holds and analyses) as part of the RLDP preparation process.

Contact details provided will be used for all future correspondence to keep representors informed of the RLDP process.

Please confirm by ticking this box that you are happy for us to hold your contact details for these purposes.

PART 1: CONTACT DETAILS

You / Your Client's Details

Title:		Name:	
Organisation (if applicable):			
Address:			
Postcode:		Tel:	
E-mail:			

Communication Preference (please tick the relevant box)

Welsh

English

Agent details (if relevant)

Title:		Name:	
Organisation (if applicable):			
Address:			
Postcode:		Tel:	
E-mail:			

Communication Preference (please tick the relevant box)

Welsh

English

PART 2: YOUR REPRESENTATION AND SUGGESTED CHANGES

2(a): Which part of the report are you commenting on?

(please use separate forms for each topic you wish to comment on).

My comment is about:

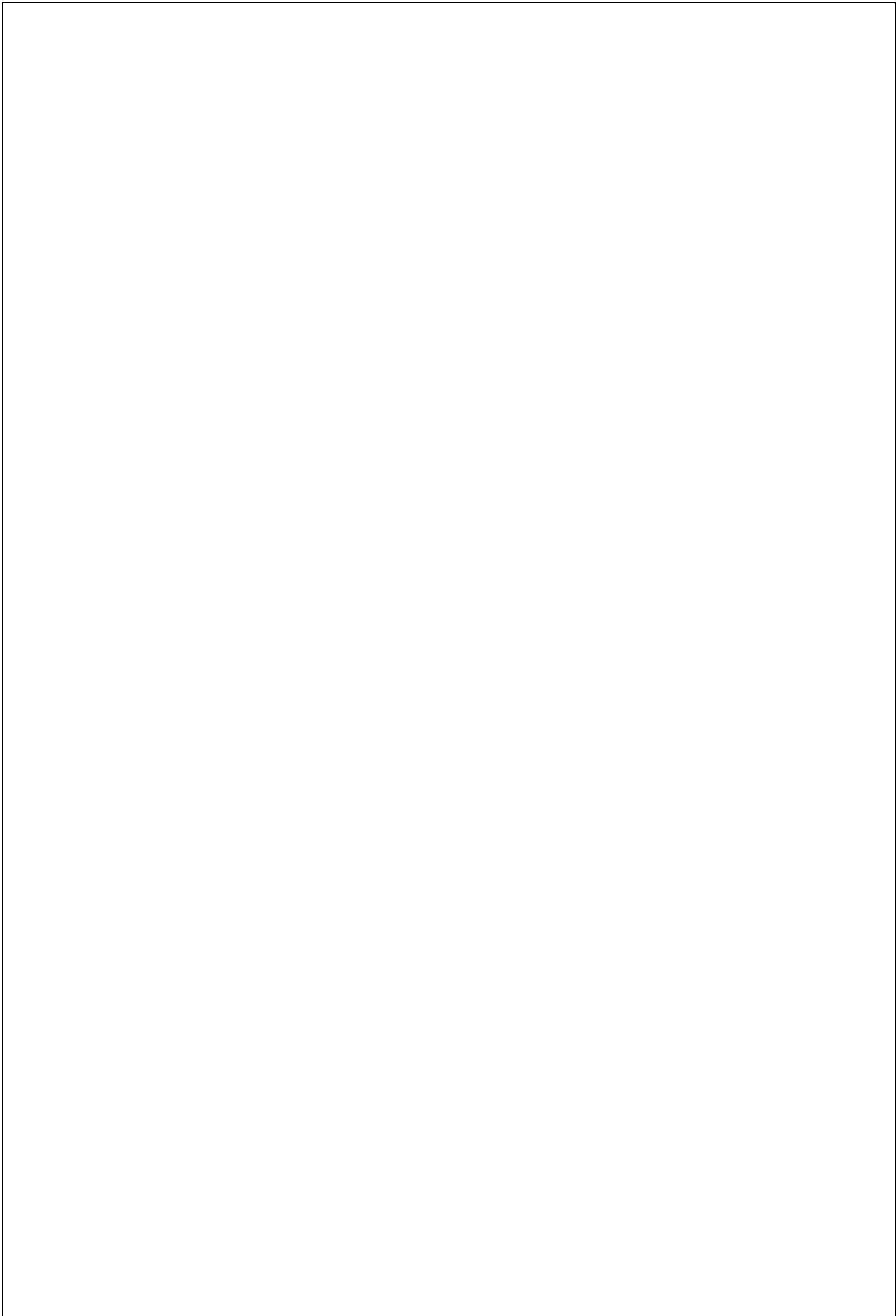
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Paragraph / Section Number:	
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2(b): Please state your representation, and if appropriate, how you would like to see the report changed with your reasons:

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Continued overleaf



PART 3: IMPACT AND EQUALITIES MONITORING

Would the ISA have an impact on you and/or your family because of your and/or their:

	Yes	No	Don't know
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender Reassignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage or Civil Partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy or maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religion or belief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please explain why:

Potential impacts on Welsh language

We have a legal obligation to fully consider the effects of our work on the Welsh Language. It is of course your choice whether or not to provide the following information, but we would be grateful of any feedback you are willing to provide.

1. What effect do you think the ISA will have on: (please tick

	Positive	Negative	None	Don't know
People's opportunity to use the Welsh language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treating the Welsh language no less favourably than the English language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Please give the reason(s) for your response:

3. In your opinion, what positive effects would the ISA have on people's opportunities to use the Welsh language?

4. In your opinion, what positive effects would the ISA have on treating the Welsh language no less favourably than the English language?

5. In your opinion, what adverse effects would the ISA have on people's opportunities to use the Welsh language?

6. In your opinion, what adverse effects would the ISA have on treating the Welsh language no less favourably than the English language?

7. How do you think the ISA could be developed or revised so that it would have positive effects, or more positive effects on treating the Welsh language no less favourably than the English language?

8. How do you think the ISA could be developed or revised so that it would have positive effects, or more positive effects on treating the Welsh language no less favourably than the English language?

9. How do you think the ISA could be developed or revised so that it would not have adverse effects, or would have less adverse effects on people's opportunities to use the Welsh language?

10. How do you think the ISA could be developed or revised so that it would not have adverse effects, or would have less adverse effects on treating the Welsh language no less favourably than the English language?

About You

The council operates equality policies that aim to ensure that everyone is treated fairly and equally. To make sure that people are not discriminated against when accessing our services we carry out monitoring and therefore would be grateful if you could answer the following questions. The information you provide is strictly confidential.

1. Your age?

- | | | |
|-----------------------------------|--------------------------------|---|
| <input type="checkbox"/> Under 16 | <input type="checkbox"/> 40-49 | <input type="checkbox"/> 75 - 85 |
| <input type="checkbox"/> 16-24 | <input type="checkbox"/> 50-59 | <input type="checkbox"/> 86+ |
| <input type="checkbox"/> 25-29 | <input type="checkbox"/> 60-69 | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> 30-39 | <input type="checkbox"/> 70-74 | |

2. Welsh Language- are you?

- | | | |
|---|--|---|
| <input type="checkbox"/> Fluent speaker & Writer | <input type="checkbox"/> Fluent Speaker | <input type="checkbox"/> Learner |
| <input type="checkbox"/> Fairly fluent speaker & Writer | <input type="checkbox"/> Fairly fluent speaker | <input type="checkbox"/> Little or no knowledge |

3. Are you pregnant or on maternity leave?

- Yes No Prefer not to say

4. Do you consider yourself to have a disability? (please tick one)

The Equality Act 2010 defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) adverse effect on the person's ability to carry out normal day-to-day activities.

- Yes No Prefer not to say

5. Ethnic origin (please tick one)

- | | | |
|---|---|---|
| <input type="checkbox"/> White British | <input type="checkbox"/> Indian | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Mixed: White & Black Caribbean | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Gypsy & Traveller community (5b) |
| <input type="checkbox"/> Mixed: White & Black African | <input type="checkbox"/> Black: African | <input type="checkbox"/> Other (5a) |
| <input type="checkbox"/> Mixed: White & Asian | <input type="checkbox"/> Black: Caribbean | |

5a. Other Ethnic Group – Please specify _____

5b. Gypsy and Traveller communities

- | | | |
|--|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Irish Traveller | <input type="checkbox"/> Roma | <input type="checkbox"/> Showperson |
| <input type="checkbox"/> New Traveller | <input type="checkbox"/> Romani Gypsy | <input type="checkbox"/> Other |

5c. Other Gypsy and Traveller Communities - please specify _____

6a. Sex:

- Male Female Transgender Non-binary
 Prefer not to say Other

If Other, please specify _____

6b. Is the gender you identify with the same as your sex registered at birth?

- Yes No Prefer not to say

6c. If you answered no, please enter the term you use to describe your gender: _____

7. Sexual Orientation: What is your sexual orientation?

- Heterosexual Gay Prefer not to say
 Lesbian Bisexual Other

If Other, please specify _____

8. What is your religion?

- Christian Jewish No religion
 Buddhist Muslim Prefer not to say
 Hindu Sikh
 Other religion (please specify) _____

9. Nationality

- Welsh British English
 Scottish Irish Prefer not to say
 Other nationality (please specify) _____