



Dewiswch iaith yr arolwg

In which language would you like to take part in this survey?
O Saesneg / English
Cvmraeg / Welsh

Review of Rhondda Cynon Taf's Gambling Policy 2018

Q1 Are you a						
Premises Licence holder						
Personal Licence holder						
Club Premises certificate holder						
Member of the public						
Local business						
Body representing licence holders / clubs						
Body / Person representing member Councillors etc)	ers of the pu	blic (Town a	and Community	Councils, Co	ounty	
Body representing local businesses						
Other						
Please state						
						_
Name of organisation/Business/						
00 Tlttt			f -ll			
Q2 To what extent would you agre		ree with tr		.atements:		
	Strongly Agree	Agree	Neither agree or disagree	Disagree	Strongly Disagree	
There are gambling related problems in my area (please specify street / town / village below)	\circ	\circ	\circ	\circ	\circ	
Access to gambling by children, young people and other vulnerable people is	\circ	0	0	0	\circ	
a problem in my area (please specify street / town / village below)						
l am aware of where to get advice or support locally / nationally for gambling related problems (please leave details of services below)	0	0	\circ	0	0	
Street / Town / Village / postcode						
						_
If you agree, please give details o	f the servic	ces that yo	ou are aware	of:-		_

Q3 Are you aware of any problems that have occurred as a result of gambling premises being located in close proximity to sensitive buildings e.g. schools, sixth form colleges, children's play area, treatment centres for drug, alcohol and other addictions?
O Yes
○ No
If yes, please outline why, giving reasons below:
Street / Town / Village / postcode
Q4 Are you aware of any premises where problems have occurred as a result of gaming machines being made available to the public?
○ Yes ○ No
If yes, please outline the matter, giving reasons below:
Street / Town / Village / postcode
Q5 Is there anything else that you want us to take into account when reviewing the Gambling Policy?
○ Yes
○ No
If yes, please comment below:

Q6 What is your age group?		
 Under 16 16 – 24 25 – 34 35 – 44 45 – 54 Q7 Gender	 55 – 64 65 – 74 75 – 84 85+ 	
Male Female Non-Binary Prefer not to say Other		
Q8 Ethnic Group (Please tick White British White Cornish White English White Irish White Scottish White Welsh White Other (please state below) Asian British Asian Cornish Asian English Asian Irish Asian Scottish	one box) Asian Welsh Asian Bangladeshi Asian Chinese Asian Indian Asian Pakistani Asian Other (please state below) Black British Black Cornish Black English Black Irish Black Scottish Black Welsh	Black Caribbean Black African Black Other (please state below) Mixed White and Black Caribbean Mixed White and Black African Mixed White and Asian Mixed Other (please state below) Other Ethnic Group Gypsy / Romany / Irish Traveller Other (please state below) Prefer not to say
Q9 What is your religion? (op No religion Christian (all denominations) Buddhist Hindu Jewish Muslim Sikh Any other religion (please state		

Any other religion (pl	ease state)
Q9 Disability	
	oility in the Equality Act is: 'a physical or mental impairment affecting ch has a substantial or long term adverse effect on the ability to carry activities'.
Do you consider your	self to be disabled?
Yes	
○ No	
Prefer not to say	
response, either to as	rcumstances), we may wish to contact you to follow up on your sk for additional comment or to reply to points you have raised. If you acted, please leave your details below:
Name:	
Address:	
Telephone No:	
Email:	

Thank you for taking part.

Rhondda Cynon Taf County Borough Council will process the information you have provided in accordance with the General Data Protection Regulation (GDPR). The information may be used for statistical purposes but all personal details will be anonymous. For further information please view our consultation Privacy Notice, which will be available at www.rctcbc.gov.uk