

**THE DARTFORD BOROUGH COUNCIL  
PETITIONS TEMPLATE**

*Please refer to the attached Notes BEFORE completing this Petitions Template*

**Petition: Ref** ..... (for office use)

**ALL sections of this Template must be completed**

If you require any further information or advice, please contact Democratic Services (Tel: 01322 343434) or email [memberservices@dartford.gov.uk](mailto:memberservices@dartford.gov.uk)

**TITLE of petition:** .....

<b>Details of lead petitioner (petition organiser)</b>		<b>refer to NOTE 4(e)</b>
Please complete the following - only the lead petitioner's name and no other details will be published on the Council's website.		
<b>Name (please print):</b>		
<b>Address (please print)</b>		
<i>Either a residential, business/workplace or school/college address in the Borough of Dartford</i>		
<b>Postcode:</b>		
<b>Tel Number &amp; area code:</b>		
<b>email:</b>		
<b>Is this petition supported by the local ward Member(s)?</b>	YES	NO
<b>If yes, please name the local ward Member(s)</b>		
<b>DATA PROTECTION</b>	<p>We will use the personal information you give us to administer our petitions service.</p> <p>Our <b>lawful bases</b> for processing your personal information are:</p> <ul style="list-style-type: none"> <li>• consent – Article 6(1)(a) UK GDPR</li> <li>• necessary for compliance with legal obligation to which we are subject – Article 6(1)(c) UK GDPR</li> <li>• necessary for the performance of a task in the public interest- Article 6(1)(e) UK GDPR and Data Protection Act 2018, s8(c),</li> </ul> <p>pursuant to the Local Democracy, Economic Development and Construction Act 2009.</p> <p>Dartford Borough Council, Civic Centre, Home Gardens, Dartford, Kent DA1 1DR is the Data Controller <a href="mailto:dataprotection@dartford.gov.uk">dataprotection@dartford.gov.uk</a> Please refer to our <a href="#">Corporate Privacy Notice</a> and the <a href="#">Privacy Notice for the Petitions Service</a> for further details on how we process your personal information and your rights.</p>	

**Petition statement** **refer to NOTES 4(a),(b),(c) & (d)**

Please state clearly the purpose of your petition and what action you wish the Council to take

*Please limit any additional information to no more than 4 sides of A4 paper*

**Action taken to resolve issues of concern before submitting the Petition**

You may have already raised your concerns with the relevant Council department or other agency and it would be helpful if you could briefly outline what measures, if any, you have taken. This could include, for example, details of any individuals or organisations approached. Please limit any information to no more than 2 sides of A4 paper.

**Presenting your petition**

refer to NOTES 4(g), 5 & 6

**Your petition MUST be supported by the appropriate number of qualifying signatures**

As the lead petitioner, you may be invited to appear before a body of Councillors to speak in support of the petition and also to answer any questions which Councillors may wish to put to you and assist them in reaching their decision.

You may be accompanied by one supporter who may speak on your behalf.

**Signature of lead petitioner**

When satisfied that the petition meets all the criteria outlined in the Notes, the lead petitioner MUST sign and date the form in the box below.

All other signatures in support of the petition, must be appended to this Petitions Template.

**Signature** .....**Date** .....  
**NAME (in BLOCK letters)**

**Appended Information**

Please ensure that the following items are appended to this form:

- |   |                          |
|---|--------------------------|
| 1. Signatures to the petition                   | <input type="checkbox"/> |
| 2. Copies of relevant correspondence            | <input type="checkbox"/> |
| 3. Any additional information for consideration | <input type="checkbox"/> |

**Submission**

Please submit this Petitions Template and attachments – by post or in person – to:

- your local ward Member;
- an elected Councillor;
- a Council Officer;
- Democratic Services - [memberservices@dartford.gov.uk](mailto:memberservices@dartford.gov.uk)

Dartford Borough Council  
Civic Centre  
Home Gardens  
Dartford  
Kent DA1 1DR

or SCAN the Template and supporting signatures and email [memberservices@dartford.gov.uk](mailto:memberservices@dartford.gov.uk)

# Monitoring our Equality and Diversity Document Framework

We want to find out if we are giving as good a service as we can to all service users. To help us do this, please fill in this section. The information we get from all replies will help us review and decide how we can assist as many people as possible. This information will not be sent to any service department and will not affect the way you receive services from us. If you would rather not answer some or all of these questions, you do not have to.

## Data Protection Statement

Your personal information may be converted ('anonymised') into statistical or aggregated data in such a way that ensures that you cannot be identified from it. Aggregated data cannot, by definition, be linked back to you as an individual and may be used to conduct research and analysis, including the preparation of statistics for use in our reports.

Please refer to our [Corporate Privacy Notice](#) for further details of how we process your personal information and for details on your additional rights.

### 1. What is your ethnic group?

Choose **one** section from A to E, then tick **one** box to best describe your ethnic group or background. *Note: Ethnic groups are not about nationality, place of birth or citizenship. They are about culture and cultural background.*

#### A: White

- English/Welsh/Scottish/Northern Irish/British
- Irish
- Gypsy or Irish Traveller
- Any other white background, write in .....

#### B: Mixed/multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background, write in .....

#### C: Asian/Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background, write in .....

#### D: Black/African/Caribbean/Black British

- African
- Caribbean
- Any other Black/African/Caribbean background, write in .....

#### E: Other ethnic group

- Arab
- Any other ethnic group, write in .....
- Prefer not to say

### 2. What is your age?

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> Under 16 | <input type="checkbox"/> 60-64             |
| <input type="checkbox"/> 16-24    | <input type="checkbox"/> 65-74             |
| <input type="checkbox"/> 25-34    | <input type="checkbox"/> 75-84             |
| <input type="checkbox"/> 35-49    | <input type="checkbox"/> 85 and above      |
| <input type="checkbox"/> 50-59    | <input type="checkbox"/> Prefer not to say |

### 3. Do you consider yourself to be disabled?

- |  |                             |
|--|-----------------------------|
| <input type="checkbox"/> Yes               | <input type="checkbox"/> No |
| <input type="checkbox"/> Prefer not to say |                             |

If **yes**, please tick the box(es) that best describes your disability

- |  |  |
|--|--|
| <input type="checkbox"/> Mental health       | <input type="checkbox"/> Physical disability   |
| <input type="checkbox"/> Learning disability | <input type="checkbox"/> Other, write in ..... |
| <input type="checkbox"/> Sight impairment    | <input type="checkbox"/> Hearing impairment    |
| <input type="checkbox"/> Hearing impairment  | <input type="checkbox"/> Prefer not to say     |

### 4. What is your gender?

- |  |                                 |
|--|---------------------------------|
| <input type="checkbox"/> Male              | <input type="checkbox"/> Female |
| <input type="checkbox"/> Prefer not to say |                                 |

Is your gender identity the same as the gender you were assigned at birth?

- |  |                             |
|--|-----------------------------|
| <input type="checkbox"/> Yes               | <input type="checkbox"/> No |
| <input type="checkbox"/> Prefer not to say |                             |

### 5. What is your religion or belief?

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> None      | <input type="checkbox"/> Muslim                |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Sikh                  |
| <input type="checkbox"/> Buddhist  | <input type="checkbox"/> Other, write in ..... |
| <input type="checkbox"/> Hindu     | <input type="checkbox"/> Jewish                |
| <input type="checkbox"/> Jewish    | <input type="checkbox"/> Prefer not to say     |

### 6. What is your sexual orientation?

- |  |  |
|--|--|
| <input type="checkbox"/> Heterosexual/straight | <input type="checkbox"/> Other, write in ..... |
| <input type="checkbox"/> Gay woman/lesbian     | <input type="checkbox"/> Prefer not to say     |
| <input type="checkbox"/> Gay man               |  |
| <input type="checkbox"/> Bisexual              |  |

If you or anybody you know requires this or any other council information in another language please contact us and we will do our best to provide this for you. Braille, Audio tape and large print versions of this document are available upon request.

We welcome calls via Relay UK



ਪੰਜਾਬੀ

Punjabi

01322 343610

தமிழ்

Tamil

01322 343611

Polski

Polish

01322 343612

česky

Czech

01322 343613

简体中文

Mandarin

01322 343614

Français

French

01322 343615