Get Involved Croydon

Have your say on future options for Maintained Nursery Schools (MNS) in Croydon

Q1. Do you currently have a child/children at one of our Maintained Nursery Schools? If so, please select which one:
Choose any one option) Crosfield Purley Selhurst Thornton Heath Tunstall
Q2. Please tell us whether you support or do not support the proposal to reduce the number of Maintained Nursery Schools (MNS) within the borough via closure:
Choose any one option) I support the proposal to reduce the number of MNS via closure I do not support the proposal to reduce the number of MNS via closure I neither support nor do not support the proposal to reduce the number of MNS via closure
Q3. If you support the proposed change, please tell us why:
Q4. If you do not support the proposed change, please tell us why:

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Q5. Please tell us whether you support or do not support the proposal to reduce the number of Maintained Nursery Schools (MNS) within the borough via mergers - where two or more schools come together to form one.
(Choose any one option)
☐ I support the proposal to reduce the number of MNS via mergers
I do not support the proposal to reduce the number of MNS via mergers
☐ I neither support nor do not support the proposal to reduce the number of MNS via mergers
Therefore support not do not support the proposal to reduce the number of wind via mergers
Q.6 If you support the proposed change, please tell us why:
Q.7 If you do not support the proposed change, please tell us why:
2 ,
Q.8 We are keen to understand how the proposed changes may affect you. Please use this space to tell us if you are impacted by the proposal to reduce the number of Maintained Nursery Schools within the borough via closure or mergers - where two or more schools come
together to form one.

10 We welcome your suggestions on what other steps stainable, including dealing with the debt. Please type your	could be taken to make Croydon's Maintained Nursery Schools financially suggestions below:
	answer these questions if you do not wish to but if you do it will be very
ease tell us a little bit about yourself. You do not have to elpful for us to understand which diverse groups and commu	answer these questions if you do not wish to, but if you do, it will be very nities we are hearing from.
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Croydon Get Involved Croydon

Q.13 Are you aged 16 or over? (Choose any one option)
Yes
□ No
Prefer not to say
Q.14 This question is for respondents aged 16 and over: Is the gender you identify with the same as your sex registered at birth? (this question is voluntary) (Choose any one option)
Yes
☐ Prefer not to say
No - write in identity
Q.15 Which age range are you in? (Choose any one option)
Under 16
☐ 16 - 19
20 - 24
☐ 35 - 44
45 - 54
□ 55 - 64
65 - 74
☐ 75 - 84
■ 85+
☐ Prefer not to say
Q.16 Which of the following best describes your sexual orientation? (Choose any one option)
☐ Heterosexual/Straight
Gay/Lesbian
□ Bi-Sexual
Any other sexual orientation
Prefer not to say
Other (please specify)
Q.17 How would you describe your ethnic origin?
(Choose any one option)
White English / Welsh / Scottish / Northern Irish / British White Irish
White Gypsy or Irish Traveller
Any other White background
White and Black Caribbean
White and Black Cambbean White and Black African
White and Asian
Any other Mixed / multiple ethnic background
Indian
Pakistani
□ Bangladeshi
Chinese
Any other Asian background
☐ Black African
Black Caribbean
Any other Black background
☐ Arab
Prefer not to say
Other (please specify)

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Never married and never registered a civil partnership Married In a registered civil partnership Separated, but still legally married Separated, but still legally in a civil partnership Divorced Formerly in a civil partnership which is now legally dissolved Widowed Surviving partner from a registered civil partnership Prefer not to say Q.19 Have you or your partner had a baby in the last 12 months? (Choose any one option) Yes
In a registered civil partnership Separated, but still legally married Separated, but still legally in a civil partnership Divorced Formerly in a civil partnership which is now legally dissolved Widowed Surviving partner from a registered civil partnership Prefer not to say Q.19 Have you or your partner had a baby in the last 12 months? (Choose any one option) Yes
Separated, but still legally married Separated, but still legally in a civil partnership Divorced Formerly in a civil partnership which is now legally dissolved Widowed Surviving partner from a registered civil partnership Prefer not to say Q.19 Have you or your partner had a baby in the last 12 months? (Choose any one option) Yes
Separated, but still legally in a civil partnership Divorced Formerly in a civil partnership which is now legally dissolved Widowed Surviving partner from a registered civil partnership Prefer not to say Q.19 Have you or your partner had a baby in the last 12 months? (Choose any one option) Yes
Divorced Formerly in a civil partnership which is now legally dissolved Widowed Surviving partner from a registered civil partnership Prefer not to say Q.19 Have you or your partner had a baby in the last 12 months? (Choose any one option) Yes
Formerly in a civil partnership which is now legally dissolved Widowed Surviving partner from a registered civil partnership Prefer not to say Q.19 Have you or your partner had a baby in the last 12 months? (Choose any one option) Yes
 Widowed Surviving partner from a registered civil partnership Prefer not to say Q.19 Have you or your partner had a baby in the last 12 months? (Choose any one option) Yes
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(Choose any one option) Yes
Yes
Prefer not to say
There her to say
Disability
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The Equality Act 2010 defines someone as a disabled person if they have a physical or mental impairment which has a long term and substantial adverse effect on their ability to carry out normal day to day activities.
A disability may include progressive conditions such as HIV and cancer, mobility, sight or hearing impairments or mental health issues such as depression.
In considering whether you have a disability you should not take into account the effect of any medication or treatments used or adaptations made which reduce the effects of an impairments (other than glasses or contact lenses used to correct a visual impairment)
Q.20 Do you consider yourself to have a disability? (Choose any one option)
Yes
□ No
Prefer not to say
Answer this question only if you have chosen Yes for Do you consider yourself to have a disability?
Q.21 Please select the disability(ies) you consider yourself to have: (Choose all that apply)
☐ Visually Impaired
Hearing Impaired
Mobility disability
Learning disability Communication difficulty
Communication difficulty Hidden disability: autism (ASD)
Hidden disability: ADHD
Hidden disability: Asthma
Hidden disability: Epilepsy
Hidden disability: Diabetes
Hidden disability: Sickle cell
Prefer not to say
Other (please specify)

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Q.22What is your religion? (Choose any one option)	
☐ Baha'i	
☐ Buddhist	
Christian (including church of England/Catholic/Protestant and all other denominations)	
Hindu	
☐ Jain	
Jewish	
☐ Muslim	
Sikh	
□ No religion	
Prefer not to say	
Other (please specify)	
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