

Draft Net Zero Action Plan

We are committed to achieving our net zero targets and are updating our Climate Change Action Plan, now renamed the Net Zero Action Plan.

Your feedback is crucial in helping us ensure this plan effectively addresses our net zero ambitions.

Questions that must be answered are marked with an asterisk (*)

1. **Are you responding as...? *** Please tick one box only

- ☐ A resident of the Canterbury district
- ☐ A voluntary or community sector group, please provide the name and state how many people you represent: _____
- ☐ A local business, please provide the name and state how many people you represent: _____
- ☐ A city, county, parish or town councillor, please specify:
 - ☐ Canterbury City Council councillor, please provide your name and state how many people you represent: _____
 - ☐ Kent County Council councillor, please provide your name and state how many people you represent: _____
 - ☐ Parish or town council councillor, please provide your name and the name of the parish or town council and state how many people you represent: _____
- ☐ An MP
- ☐ Other, please specify: _____

Section 1: Your views on climate change – pulse survey!

1. **How concerned are you about climate change? *** Please tick one box only

- | | |
|---|---|
| <input type="checkbox"/> Very concerned | <input type="checkbox"/> Somewhat unconcerned |
| <input type="checkbox"/> Somewhat concerned | <input type="checkbox"/> Not concerned at all |
| <input type="checkbox"/> Neutral | |

2. **Do you believe the council should take more, the same, or less action on climate change? ***
Please tick one box only

- | | |
|---|---|
| <input type="checkbox"/> Much more action | <input type="checkbox"/> A little less action |
| <input type="checkbox"/> A little more action | <input type="checkbox"/> Much less action |
| <input type="checkbox"/> No change needed | |

3. **Which of the following areas do you think should be the council's highest priority when addressing climate change? * Please select no more than two that apply**

- ☐ Reducing carbon emissions
- ☐ Improving public transport
- ☐ Promoting renewable energy
- ☐ Improving waste management
- ☐ Enhancing green spaces and biodiversity
- ☐ Supporting climate change education and awareness
- ☐ Other, please specify: _____

Section 2: Net Zero Action Plan – feedback on specific actions

Now, let's dive into the specific actions outlined in the draft Net Zero Action Plan.

For each action, we would love your thoughts.

For each action, please rate your level of agreement:

1. **Action 1:**

How strongly do you agree with this action? * Please tick one box only

- | | |
|---|--|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Disagree |
| <input type="checkbox"/> Agree | <input type="checkbox"/> Strongly disagree |
| <input type="checkbox"/> Neutral | |

Action 2:

How strongly do you agree with this action? * Please tick one box only

- | | |
|---|--|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Disagree |
| <input type="checkbox"/> Agree | <input type="checkbox"/> Strongly disagree |
| <input type="checkbox"/> Neutral | |

Action 3:

How strongly do you agree with this action? * Please tick one box only

- | | |
|---|--|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Disagree |
| <input type="checkbox"/> Agree | <input type="checkbox"/> Strongly disagree |
| <input type="checkbox"/> Neutral | |

Action 4:

How strongly do you agree with this action? * Please tick one box only

- | | |
|---|--|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Disagree |
| <input type="checkbox"/> Agree | <input type="checkbox"/> Strongly disagree |
| <input type="checkbox"/> Neutral | |

Action 5:

How strongly do you agree with this action? * Please tick one box only

- | | |
|---|--|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Disagree |
| <input type="checkbox"/> Agree | <input type="checkbox"/> Strongly disagree |
| <input type="checkbox"/> Neutral | |

Action 6:

How strongly do you agree with this action? * Please tick one box only

- | | |
|---|--|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Disagree |
| <input type="checkbox"/> Agree | <input type="checkbox"/> Strongly disagree |
| <input type="checkbox"/> Neutral | |

Action 7:

How strongly do you agree with this action? * Please tick one box only

- | | |
|---|--|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Disagree |
| <input type="checkbox"/> Agree | <input type="checkbox"/> Strongly disagree |
| <input type="checkbox"/> Neutral | |

Action 8:

How strongly do you agree with this action? * Please tick one box only

- | | |
|---|--|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Disagree |
| <input type="checkbox"/> Agree | <input type="checkbox"/> Strongly disagree |
| <input type="checkbox"/> Neutral | |

Action 9:

How strongly do you agree with this action? * Please tick one box only

- | | |
|---|--|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Disagree |
| <input type="checkbox"/> Agree | <input type="checkbox"/> Strongly disagree |
| <input type="checkbox"/> Neutral | |

Action 10:

How strongly do you agree with this action? * Please tick one box only

- | | |
|---|--|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Disagree |
| <input type="checkbox"/> Agree | <input type="checkbox"/> Strongly disagree |
| <input type="checkbox"/> Neutral | |

Action 11:

How strongly do you agree with this action? * Please tick one box only

- | | |
|---|--|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Disagree |
| <input type="checkbox"/> Agree | <input type="checkbox"/> Strongly disagree |
| <input type="checkbox"/> Neutral | |

Action 12:

How strongly do you agree with this action? * Please tick one box only

- | | |
|---|--|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Disagree |
| <input type="checkbox"/> Agree | <input type="checkbox"/> Strongly disagree |
| <input type="checkbox"/> Neutral | |

Action 13:

How strongly do you agree with this action? * Please tick one box only

- | | |
|---|--|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Disagree |
| <input type="checkbox"/> Agree | <input type="checkbox"/> Strongly disagree |
| <input type="checkbox"/> Neutral | |

Action 14:

How strongly do you agree with this action? * Please tick one box only

- | | |
|---|--|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Disagree |
| <input type="checkbox"/> Agree | <input type="checkbox"/> Strongly disagree |
| <input type="checkbox"/> Neutral | |

Action 15:

How strongly do you agree with this action? * Please tick one box only

- | | |
|---|--|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Disagree |
| <input type="checkbox"/> Agree | <input type="checkbox"/> Strongly disagree |
| <input type="checkbox"/> Neutral | |

Action 16:

How strongly do you agree with this action? * Please tick one box only

- | | |
|---|--|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Disagree |
| <input type="checkbox"/> Agree | <input type="checkbox"/> Strongly disagree |
| <input type="checkbox"/> Neutral | |

Action 17:

How strongly do you agree with this action? * Please tick one box only

- | | |
|---|--|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Disagree |
| <input type="checkbox"/> Agree | <input type="checkbox"/> Strongly disagree |
| <input type="checkbox"/> Neutral | |

Action 18:

How strongly do you agree with this action? * Please tick one box only

- | | |
|---|--|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Disagree |
| <input type="checkbox"/> Agree | <input type="checkbox"/> Strongly disagree |
| <input type="checkbox"/> Neutral | |

Action 19:

How strongly do you agree with this action? * Please tick one box only

- | | |
|---|--|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Disagree |
| <input type="checkbox"/> Agree | <input type="checkbox"/> Strongly disagree |
| <input type="checkbox"/> Neutral | |

Action 20:

How strongly do you agree with this action? * Please tick one box only

- | | |
|---|--|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Disagree |
| <input type="checkbox"/> Agree | <input type="checkbox"/> Strongly disagree |
| <input type="checkbox"/> Neutral | |

2. **Do you want to make any comments on any of the specific actions?** Please write in below and make it clear which action(s) you're commenting on.

3. **Do you have any other comments?** Please write in below

Corporate consultations

We have several corporate consultations coming up soon and we would like to hear from you.

Which of the following corporate consultations would you like to be informed about? * Please tick those that apply

- | | |
|--|---|
| <input type="checkbox"/> Environment | <input type="checkbox"/> Enforcement |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Licensing |
| <input type="checkbox"/> Leisure and events | <input type="checkbox"/> Planning Policy |
| <input type="checkbox"/> Parking | <input type="checkbox"/> Transport |
| <input type="checkbox"/> Regeneration | <input type="checkbox"/> None |
| <input type="checkbox"/> Budgets and finance | <input type="checkbox"/> Other, please state: |
| <input type="checkbox"/> Governance | |

If you'd like to be informed, and are happy for the council to contact you about corporate consultations, please tick the box to indicate your consent to us contacting you:

☐ I consent to being contacted by the council

How would you like to be contacted? *

☐ By email ☐ By post

Please provide your email address: *

Please provide your details:

Title *	<input type="text"/>
First name	<input type="text"/>
Surname *	<input type="text"/>
Address *	<input type="text"/>
Address	<input type="text"/>
Town *	<input type="text"/>
Postcode *	<input type="text"/>

How did you find out about this consultation? * Please tick those that apply

- | | |
|---|---|
| <input type="checkbox"/> Email from the council | <input type="checkbox"/> Council website |
| <input type="checkbox"/> Council Facebook post | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Council Twitter post | <input type="checkbox"/> Other, please state: |
| <input type="checkbox"/> Council LinkedIn post | <input type="text"/> |

Processing your information

Canterbury City Council is the data controller.

Your personal information is processed under UK General Data Protection Regulation Article 6.1 (c) and Article 9.2 (g) in the performance of an official duty and to meet our Public Sector Equality Duty. In submitting a representation, your personal data will be stored for one year.

All information you give us will be stored securely by Canterbury City Council.

Equalities Duty

The council has a legal duty to consider the needs of its diverse range of customers. As well as questions about our services we ask you questions relating to our equalities duties. Although you do not have to answer these questions, without this information the council will be limited in understanding whether views differ among different groups of people.

Your Rights

You have the rights to:

- Access your personal data
- Rectify or correct any inaccuracies in your personal data
- Restrict the processing of your data
- Object to our processing of your personal data
- Complain to the Information Commissioner's Office if you are unhappy about how we have processed your data

The appointed Data Protection Officer is Canterbury City Council's Head of Corporate Governance, who can be contacted by email at **dataprotection@canterbury.gov.uk**, by phone on **01227 910 662** or at the address below.

Canterbury City Council, 14 Rose Lane, Canterbury, CT1 2UR.
Phone: **01227 862 000**. Web: **canterbury.gov.uk**

Contact information

Your postcode: * _____

Equality information

What age are you? Please tick one box only

- | | | |
|-----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 45 to 54 | <input type="checkbox"/> 85 and above |
| <input type="checkbox"/> 18 to 25 | <input type="checkbox"/> 55 to 64 | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> 26 to 34 | <input type="checkbox"/> 65 to 74 | |
| <input type="checkbox"/> 35 to 44 | <input type="checkbox"/> 75 to 84 | |

What gender are you? Please tick one box only

- ☐ Male
- ☐ Female
- ☐ Prefer to self-describe (for example, non-binary, gender fluid etc)
- ☐ Prefer not to say

Do you consider yourself to be disabled? Please tick one box only

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Thank you for taking the time to respond to this consultation.