

Gambling Consultation – Feedback Form

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Licensing S

Contact Details

Name:	PATRICIA BEECH		
Address:	BRADLEY HOUSE CLUB		
	BRADLEY STREET		
	UTTOXETER		
	STAFFS ST14 7QA		
Please keep my contact details confidential		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are you responding as:			
Local resident	<input type="checkbox"/>	Existing licensee	<input checked="" type="checkbox"/>
Residents organisation	<input type="checkbox"/>	Community organisation	<input type="checkbox"/>
Business organisation	<input type="checkbox"/>	Elected Member	<input type="checkbox"/>
Other (please specify)			

1. Do you think that the policy helps us promote preventing gambling from being a source of crime or disorder, being associated with crime or disorder or used to support crime?

Yes

☒

No

☐

2. Do you think that the policy helps to ensure that gambling is conducted in a fair and open way?

Yes

☒

No

☐

3. Do you think that the policy helps us to protect children and other vulnerable persons from being harmed or exploited by gambling?

Yes

☒

No

☐

I would make the following comments on the Gambling Policy:

Comments should be sent to: Licensing Team, East Staffordshire Borough Council, PO Box 8045, Burton upon Trent, Staffs, DE14 9JG or e-mailed to licensing@eaststaffsbc.gov.uk

Gambling Consultation – Monitoring Form

East Staffordshire Borough Council is committed to achieving equality of opportunity as an employer and as a service provider to people who live and work in the borough.

By monitoring its services and activities the Council can identify and address issues of inequality and discrimination in the provision of services and in employment.

Any information contained on the monitoring form will be kept strictly confidential and retained in accordance with the Data Protection Act.

Access to the information contained on the monitoring form will be restricted to those persons who require it for monitoring purposes.

If you feel unhappy or unable to answer the questions then please ignore this attachment and just return your consultation comments.

Gender

Please state your gender

Male ☐

Female ☒

Ethnic Origin

Please state your ethnic origin

White ☒

Indian ☐

Irish ☐

Pakistani ☐

Chinese ☐

Black-African ☐

Black-Asian ☐

Bangladeshi ☐

Black-Caribbean ☐

Black-other (please specify) _____

Other (please specify) _____

Disability

Do you consider yourself to be disabled?

Yes ☐

No ☒

Thank you completing this form.