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**Fermanagh & Omagh Draft Plan Strategy - Counter Representations Form**

Hard Copies of the Draft Plan Strategy, all Representations received and our ‘Guidance note for Making Counter Representations’ are available for inspection during normal opening hours at the Council’s offices at: 7 Shore Road, Enniskillen, BT74 7EF; Strule House, 16 High Street, Omagh BT78 1BQ; The Grange, Mountjoy Road, Lisnamallard, Omagh, Co Tyrone, BT79 7BL and; Townhall, 2 Townhall Street, Enniskillen, Co Fermanagh, BT74 7BA or may be viewed at https://www.fermanaghomagh.com

**How to make Counter Representations**

You can make counter representations by completing this form, by email to developmentplan@fermanaghomagh.com or by post to: Local Development Plan Team, Strule House, 16 High Street, Omagh BT78 1BQ.

For further assistance contact: developmentplan@fermanaghomagh.com or Tel: 0300 303 1777.

All Counter Representations must be received by Thursday 27th June 2019 at 5pm.

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**SECTION 1. Contact Details**

Agent or Personal Submission - Are you submitting on behalf of someone or in an individual capacity?

[ ]  Individual [ ]  Organisation [ ]  Agent (complete with your client’s contact details first)

**First Name** Click or tap here to enter text.

**Last Name** Click or tap here to enter text.

**Job Title** (Where relevant) Click or tap here to enter text.

**Organisation** (Where relevant) Click or tap here to enter text.

**Address** Click or tap here to enter text.

**Postcode** Click or tap here to enter text.

**Telephone Number** Click or tap here to enter text.

**Email Address** Click or tap here to enter text.

**If you are an Agent, acting on behalf of an Individual or Organisation, please provide your contact details below.** (Please note you will be the main contact for future correspondence).

**First Name** Click or tap here to enter text.

**Last Name** Click or tap here to enter text.

**Job Title** (Where relevant) Click or tap here to enter text.

**Organisation** (Where relevant) Click or tap here to enter text.

**Address** Click or tap here to enter text.

**Postcode** Click or tap here to enter text.

**Telephone Number** Click or tap here to enter text.

**Email Address** Click or tap here to enter text.

**SECTION 2. Counter Representation**

Have you submitted a representation to the council regarding the Draft Plan Strategy?

[ ]  **Yes** [ ]  **No**

If yes, please provide the Reference Number of your representation and a summary of the issue raised in your representation below.

Click or tap here to enter text.

*(Continue on a separate sheet if necessary)*

**Details of Your Counter Representation**

Please provide the reference number of the site-specific representation to which your counter representation relates to:

Click or tap here to enter text.

Please give reasons for your counter representation having particular regard to the soundness test(s) identified in the above referenced site-specific representation. Please note that your counter representation must not propose any new changes of the draft Plan Strategy.

Click or tap here to enter text.

 *(Continue on a separate sheet if necessary)*

**SECTION 3. Data Protection and Consent**

**Data Protection**

In accordance with the Data Protection Act 2018, Fermanagh and Omagh District Council has a duty to protect any information we hold on you. The personal information you provide on this form will only be used for the purpose of Plan Preparation and will not be shared with any third party unless law or regulation compels such a disclosure. It should be noted that in accordance with Regulation 19 of the Planning (Local Development Plan) Regulations (Northern Ireland) 2015, the council must make a copy of any counter representation available for inspection. The Council is also required to submit the counter representations to the Department for Infrastructure and they will then be considered as part of the Independent Examination process. For further guidance on how we hold your information please visit the Privacy section at [www.fermanaghomagh.com/your-council/privacy-statement/](http://www.fermanaghomagh.com/your-council/privacy-statement/)

**By proceeding and submitting this representation you confirm that you have read and understand the privacy notice above and give your consent for Fermanagh and Omagh Council to hold your personal data for the purposes outlined.**

**Consent to Publish Response**

The Council is required by law to publish your representation and make it available for inspection. Unless otherwise stated by yourself, this will include your name and postal address. Your personal telephone number, personal email address and signature will not be published.

If you do not wish for your name and postal address to be published please tick the box below.

[ ]  **Please do not publish my name and postal address**

Please note: Even if you opt for your details to be published anonymously, we will still have a legal duty to share your contact details with the Department for Infrastructure and the Independent Examiner/Authority they appoint to oversee the examination in public into the soundness of the plan. This will be done in accordance with the privacy statement above.

**Signature Date**

**Date**

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**SECTION 4. Monitoring**

**Equality Opportunity Monitoring**

Fermanagh and Omagh District Council is committed to achieving fairness and equality. We want to ensure that the Draft Plan Strategy is responsive to different community needs. In order to achieve this goal, we need your help. One of the most important ways of doing this is by monitoring your views on the Draft Plan Strategy. The information provided will be used by Fermanagh and Omagh District Council to assist us in complying with our statutory duty under the Northern Ireland Act 1998. The information you provide on this ‘Equal Opportunity Monitoring Sheet’ will remain anonymous and will be used for the purpose of Equal Opportunity Monitoring only, and not for any other purpose. Any information provided by you will not be disclosed to any other third party, unless law or regulation compels such a disclosure.

**1. Religious Belief** - Do you have a religious belief?

[ ]  **Yes** [ ]  **No**

**2. Political Opinion** – How would you describe your political opinion?

[ ]  **Unionist generally**

[ ]  **Nationalist generally**

[ ]  **Other/none**

**3. Racial Group** – To which of these Racial Groups do you consider you belong?

[ ]  **Bangladeshi** [ ]  **Black African**

[ ]  **Black Caribbean** [ ]  **Black (Other)**

[ ]  **Chinese** [ ]  **Indian**

[ ]  **Irish Traveller** [ ]  **Mixed Ethnic Group**

[ ]  **Pakistani** [ ]  **White**

[ ]  **Other**

**4. Age –** What age bracket do you fall into?

[ ]  **0-15** [ ]  **16-29** [ ]  **30-44** [ ]  **45-59**

[ ]  **60-74** [ ]  **75+**

**5. Marital Status** – What is your marital status?

[ ]  **Civil Partnership** [ ]  **Co-habiting** [ ]  **Divorced**

[ ]  **Single** [ ]  **Married** [ ]  **Separated**

[ ]  **Widowed**

**6. Sexual Orientation** – How would you describe your sexual orientation?

[ ]  **Heterosexual**

[ ]  **Bi-sexual**

[ ]  **Homosexual (Gay or Lesbian)**

**7. Gender**

[ ]  **Female**

[ ]  **Male**

[ ]  **Trans-gendered**

**8. Disability**

Under the Disability Discrimination Act 1995, a disabled person is defined as a person with “a physical or mental impairment which has a substantial and long-term effect on his/her ability to carry out normal day to day activities”. Do you consider that you meet this definition of disability?

[ ]  **Yes** [ ]  **No**

**9. Dependants**

Please tell us about your caring responsibilities. This can mean looking after a child, whether as a parent, guardian or foster parent, or by helping an adult carry out their daily routine. This might mean providing assistance to an adult relative or friend who is disabled or has a long-term illness.

[ ]  **I look after children**

[ ]  **I help an adult with their daily routine**

[ ]  **I look after children and help an adult with their daily routine**

[ ]  **Not applicable**

**10. Frequency of caring responsibilities**

If you have caring responsibilities, please indicate how often you undertake these responsibilities

[ ]  **Daily** [ ]  **Frequently** [ ]  **Occasionally**