Council website/Orb My local councillor Neighbourhood/community council Business community meeting Email Library Online advert Facebook/Twitter Newspaper Other (please spe	2. Would you like to take part in workshops near you? If yes, please lea email address. This will only be used by the City of Edinburgh Coundil. Yes No		1. Thinking about how these changes could a and the city as a whole – what challenges an need to be aware of?
Library Conline advert Contine adv	2. Would you like to take part in workshops near you? If yes, please leave your email address. This will only be used by the City of Edinburgh Coundil. Yes No		TOUL SELVICES ARE CHAINSING - PLAY YOUR PART A Thinking about how these changes could affect you, your diverse community and the city as a whole - what challenges and opportunities does the Council need to be aware of?

About you

The following demographic questions are for statistical purposes and to ensure a broad range of people have been able to take part. If you do not wish to answer one of the following questions, please leave it blank.

If you are responding on behalf of an organisation or group, please give the name of the organisation/group in the box below. If you are responding only with your own views, please leave this box blank.

6. Name of community group or organisation, if applicable.	5. Are you the parent or guardian of a child under the age of 18? Yes No	Yes No	4. Do you have a long-term illness, disability or health problem that limits your daily activities?	3. What is your home postcode?	45-54 55-64 65-74	Under 16 16-24 25-34	2. What is your age?	Male Female Other	1. What is your gender?
ation, if applicable.	ild under the age of 18?		bility or health problem that limits your dail		65-74 75 and over	25-34 35-44		Other	

Please send the form to us by 18 November 2016 to: Freepost, RTUK-XHYY-JZJJ, Insight and Engagement, the City of Edinburgh Council, Level 2.1, Waverley Court, 4 East Market Street, EDINBURGH, EH8 8BG