

Part A - About the group making the nomination

A1. Organisation's name and address

Name of Organisation	
Address including Post Code	

A2. Contact details

Name	
Position in Organisation	
Address including Post Code	
Telephone Number	
Email Address	

A3. Type of organisation

<p>A. Town or Parish council</p> <p>B. Body designated as a neighbourhood forum under the Town and Country Planning Act</p> <p>C. Unincorporated body with at least 21 individual members and which does not distribute any surplus it makes to its members</p> <p>D. Charity</p> <p>E. Company limited by guarantee which does not distribute any surplus it makes to its members</p> <p>F. Industrial and provident society which does not distribute any surplus it makes to its members</p> <p>G. Community interest company</p> <p>H. Other – please detail</p>	<p><input type="checkbox"/> Go to question B1</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>Please attach a list of full names and addresses</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/> Please provide details</p>
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Registration Number (if applicable)

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A4. Local Connection

Please provide copies of all relevant pieces of documentation, to show that the organisation is concerned with the area covered by Wealden District Council, or a neighbouring local authority (i.e. is based in or is responsible for covering the area). Not applicable to town and parish councils.

For groups identified in question A3 as categories C, E or F please provide further evidence that any surplus made by the group is wholly or partially applied for the benefit of the area covered by Wealden District Council or a neighbouring local authority area.

Please provide a copy of the following as relevant to your organisation	Please tick all that have been provided
Memorandum of Association	<input type="checkbox"/>
Articles of Association	<input type="checkbox"/>
Companies House return	<input type="checkbox"/>
Trust Deed	<input type="checkbox"/>
Constitution / Terms of reference	<input type="checkbox"/>
Standing Orders	<input type="checkbox"/>
Interest Statement for Community Interest Company	<input type="checkbox"/>
Unincorporated body list of 21 individual members full names and addresses	<input type="checkbox"/>
Other	<input type="checkbox"/>

Please provide details of other paperwork provided

Part B – About the asset being nominated for inclusion in the list of assets of community value

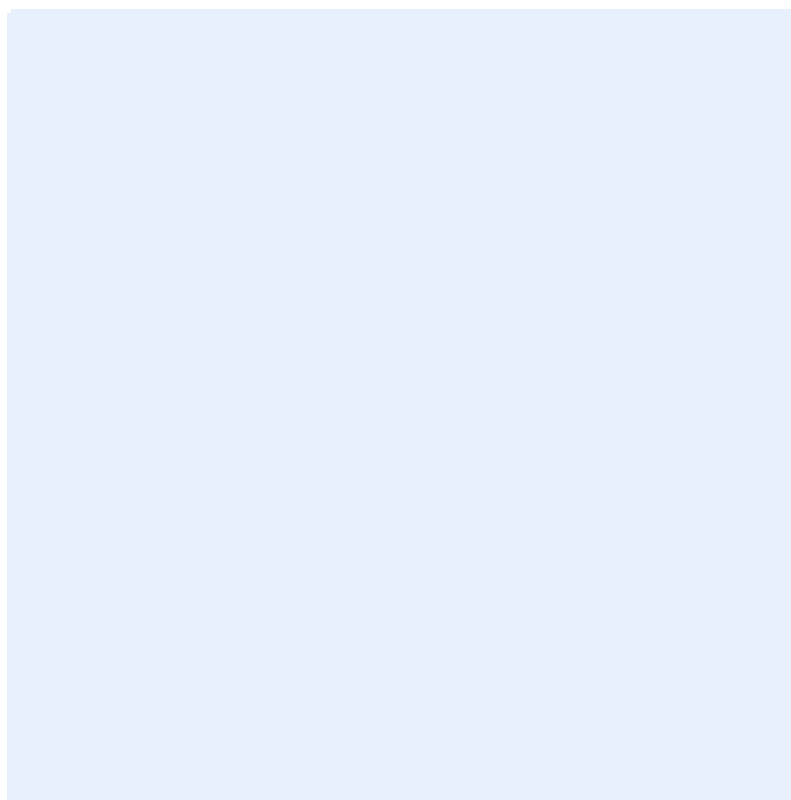
B1. Name and address of asset being nominated

Name	
Address including Post Code	

B2. Maps and drawings

Please provide information which helps to clarify the exact location and extent of the asset being nominated. This could include:

- where the land is registered, the Land Registry Title Information document and map with boundaries clearly marked in red (less than one month old). Provision of Land Registry information is not essential but it may help us to reach a decision on the nomination more quickly.
- a written description with ordinance survey location, and explaining where the boundaries lie, the approximate size and location of any building/s on the land and details of any roads bordering the site.
- a drawing or sketch map with boundaries clearly marked in red – websites which might help you in plotting boundaries include: <http://maps.google.co.uk/> , http://www.wealden.gov.uk/web_online_mapping.aspx , and <http://publicassets.communities.gov.uk/>



B2. Current use of asset

a. What is the current main use of the asset?

b. Do you consider that the current and main use of the asset furthers the social wellbeing or cultural, recreational or sporting interests of the local community?

Yes ☐ If yes please continue

No ☐ If no please go to question B3

c. Please explain how the current and main use of the asset furthers the social wellbeing or cultural, recreational or sporting interests of the local community.

d. Over what period is this main use of the asset anticipated to continue?

e. Does the local community have legal and authorised use of the land or property?

Yes ☐

No ☐

B3. Questions for assets not currently used for community benefit

- a. If the main use of the asset does not currently further the social wellbeing or cultural, recreational or sporting interests of the local community, did it do so at some stage in the recent past?

Yes ☐

No ☐

- b. Please explain how the asset was used in the past and dates of this usage

- c. How do you anticipate that the asset would return to furthering the social wellbeing or cultural, recreational or sporting interests of the local community?

- d. When do you consider that the asset could realistically return to furthering the social wellbeing or cultural, recreational or sporting interests of the local community?

B4. Owner and occupier details (Please provide all information available to you)

	Name	Address	
Owner/s			<input type="checkbox"/> Current <input type="checkbox"/> Last known <input type="checkbox"/> Not known
Lawful occupiers			<input type="checkbox"/> Current <input type="checkbox"/> Last known <input type="checkbox"/> Not known
Holder/s of freehold estate (if not the owner)			<input type="checkbox"/> Current <input type="checkbox"/> Last known <input type="checkbox"/> Not known
Holder/s of any leasehold estate			<input type="checkbox"/> Current <input type="checkbox"/> Last known <input type="checkbox"/> Not known

B5. Further information

This information will help us to consider the nomination (it is not essential to answer these questions but they reflect part of the criteria which will be used to consider the nomination). Any information you can supply will help to speed up this process.

a. Is the asset used wholly or partly as a residence?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please provide details.
b. Is the asset covered by the Caravan Sites and Control of Development Act 1960?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please provide details.
c. Is the asset defined as operational land under section 263 of the Town and Country planning Act 1990, owned by statutory undertakers such as utility companies?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please provide details.

- d. Please provide any further information to support why you feel that Wealden District Council should conclude that the asset is of 'community value'

Wealden District Council Assets of Community Value Nomination



By signing your name here (if submitting by post) or typing it (if submitting electronically) you are confirming that the contents of this form are correct, to the best of your knowledge.

Signature

(If submitting electronically please print name)

Date

Please send your completed form to:

**Community Right to Bid
Wealden District Council
Vicarage Lane
Hailsham
BN27 2AX**

Email: crtb@wealden.gov.uk

If you, or somebody you know, would like the information contained in this document in large print, Braille, audio tape/ CD or in another language please contact Wealden District Council on 01323 443322 or info@wealden.gov.uk.

Data Protection Statement

We will store and use your personal information in line with the Data Protection Act 1998. The Act sets out rules for processing personal information (known as personal data) and applies to both paper and electronic records. Any personal information you give us is held securely and will be used only for council purposes. Information that was collected for one purpose may be used for another council purpose, unless there are legal restrictions preventing this. Wealden District Council may share this information where necessary with other organisations, including (but not limited to) where it is appropriate to protect public funds and/or prevent fraud in line with the National Fraud Initiative guidelines. Please see www.wealden.gov.uk/dataprotection for further information.

Part C - Core personal information and equalities monitoring questions

A bit about you

We want to make sure that everyone who uses our services is treated equally and that our services are provided fairly. The information collected helps us to get a picture of who contacts us, uses or does not access our services and will help us to improve what we provide and reduce the potential barriers to access.

Please answer the questions below by ticking the boxes that you feel most describes you. Some questions may feel personal, but any information that you give will be treated in the strictest confidence and will be used only to help us to improve our services. It will not be linked to you as an individual. You do not have to fill this in but it will help us if you do.

Sex

What is your sex?

- ☐ Male
- ☐ Female
- ☐ Other (please describe)
- ☐ Prefer not to say

Age

What is your age?

- | | | | | |
|--|--------------------------------|--------------------------------|--------------------------------------|--------------------------------|
| <input type="checkbox"/> 17 and under | <input type="checkbox"/> 18-24 | <input type="checkbox"/> 25-34 | <input type="checkbox"/> 35-44 | <input type="checkbox"/> 45-54 |
| <input type="checkbox"/> 55-64 | <input type="checkbox"/> 65-74 | <input type="checkbox"/> 75-84 | <input type="checkbox"/> 85 and over | |
| <input type="checkbox"/> Prefer not to say | | | | |

Disability

Do you consider yourself to be a disabled person?

A disability is an impairment that has (or is likely to have) a substantial (more than minor), adverse long-term (more than a year) effect on the ability to carry out normal day-to-day activities.

☐ Yes ☐ No ☐ Prefer not to say

If you have answered 'yes', please tick the box ('s) that best describe your impairment(s).

This information helps us improve access and remove barriers to our services.

- ☐ Hearing e.g. profound to mild deafness
- ☐ Communication, e.g. speech
- ☐ Visual, e.g. blind or partial sighted
- ☐ Mobility or physical, e.g. walking, dexterity
- ☐ Long-term illness or health condition, e.g. cancer, HIV, diabetes, rheumatoid arthritis, chronic asthma, epilepsy, cardiovascular conditions, sickle cell anaemia, motor neurone disease
- ☐ Learning e.g. downs syndrome, dyslexia
- ☐ Mental Health, e.g. schizophrenia, depression
- ☐ Social or behavioural, e.g. due to neuro diverse conditions such as autism, attention deficit disorder or Asperger's syndrome
- ☐ Other (please describe)
- ☐ Prefer not to say

Thank you - by completing this form you are helping us to ensure that our services are fair and open to all.

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