**The Hope Amalgamation**

**School Consultation Response**

**Closing date for responses: noon 7 October 2015**

1. What is your name? (You do not have to answer this question.)

|  |  |
| --- | --- |
| Name (optional) |  |

1. What is your email address? (You do not have to answer this question.)

|  |  |
| --- | --- |
| Email (optional) |  |

1. What is your relationship with the school? (Tick all that apply.)

|  |  |
| --- | --- |
| Young person attending Hope |  |
| Young person previously attending Hope |  |
| Parent/carer of a young person attending Hope |  |
| Parent/carer of a young person that previously attended Hope |  |
| Hope staff or Management Committee |  |
| Healthcare Professional |  |
| Social Care Professional |  |
| Other |  |

1. What is your postcode? (You do not have to answer this question.)

|  |  |
| --- | --- |
| Postcode (optional) |  |

1. Do you agree with the proposed change to amalgamate The Hope Centres?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Agree |  | Disagree |  | Don’t know |  |

1. Do you have any further comments? (You do not have to answer this question.)

|  |
| --- |
|  |

Thank you for completing the consultation response form. **The consultation closes at noon on Wednesday 7 October 2015.** Please send completed forms by post to:

Julie Beckett, School Commissioning Officer (Hope Amalgamation), Room 326, County Hall, Surrey County Council, Kingston upon Thames, KT1 2DN