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**Submission Form for Kāpiti Coast District Council:**

* **Draft Class 4 Gambling & TAB Venue Gambling Policy 2023**
* **Draft Smokefree Public Places Policy 2023**

See the Statement of Proposal for each draft policy.[*https://haveyoursay.kapiticoast.govt.nz/gambling-and-smokefree-policy-reviews*](https://haveyoursay.kapiticoast.govt.nz/gambling-and-smokefree-policy-reviews)

Please complete the submitter details then answer the questions on the gambling **and/or** smokefree policies.

**Submissions Close 12.00pm, Monday 2 October 2023**

*Submissions will be heard on Thursday 19 October 2023*

### How to Lodge your Submission:

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| **Online:** Go to [*https://haveyoursay.kapiticoast.govt.nz/gambling-and-smokefree-policy-reviews*](https://haveyoursay.kapiticoast.govt.nz/gambling-and-smokefree-policy-reviews) and click **Have Your Say** |
| You can also email, post or deliver this submission form as follows: | **Email**: haveyoursay@kapiticoast.govt.nz |
|  | **Post:** Kāpiti Coast District Council Private Bag 60-601,  PARAPARAUMU 5254 |
|  | **Deliver:** Paraparaumu Service Centre, 175 Rimu Road Waikanae Service Centre, Mahara Place Ōtaki Service Centre, 81-83 Main Street |

### Your Details:

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| **Submitter Details** |
| Is this an individual submission? | **Yes** | **No** |
| Organisation (if applicable): |  |
| Would you like your submitter details to be anonymous? | **Yes** | **No** |
| **Title *(tick one)*** | Mr. |  | Mrs. |  | Other (please specify) |  |
| First Name: |  |
| Last Name: |  |
| Address: |  |
| Email: |  |
| Phone number: |  | Mobile: |  |
| **What is your connection to the Kāpiti Coast? *(circle all that apply)*** |
| I live in the District | I work in the District  |
| I’m a Kāpiti Coast District ratepayer | I own a business in the District |
| I’m a visitor to the District | Prefer not to say |
| **What is your ethnicity?** |
| NZ/European | Māori |
| Pacific peoples | Asian |
| Other Ethnicity | Prefer not to say |
|  |
| **Do you want to speak to the Council about your submission at the consultation hearing to be held on Thursday 19 October 2023?** | **Yes** | **No** |

### Draft Class 4 Gambling & TAB Venue Gambling Policy(Please refer to the Statement of Proposal)

* ***Council is proposing a new sinking lid approach in the draft policy.***
* ***Class 4 gaming machines are commonly known as pokie machines.***

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| **Qu. 1. Do you agree that there should be no consents for additional Class 4 gambling venues in the Kāpiti District?** |
| **Yes** | **No** | **Somewhat** |
|  |  |  |
| **Qu. 2. Do you agree that there should be no consents for additional Class 4 gaming machines in the Kāpiti District?** |
| **Yes** | **No** | **Somewhat** |
|  |  |  |
| **Qu. 3 Do you agree that there should be no consents for Class 4 gambling venue relocations in the Kāpiti District?** |
| **Yes** | **No** | **Somewhat** |
|  |
| **Qu. 4 Do you agree that there should be no consents for standalone TAB venues in the Kāpiti District?** |
| **Yes** | **No** | **Somewhat** |
|  |  |  |
| **Qu. 5. Please provide further comment based on your responses to questions 1-4 above:** |
|  |
| **Need more room?** You can send us extra pages if there is not enough space on this form to give all the feedback you want to. Please make sure your name and contact information is included.  |
| **Qu. 6: Are you involved in a particular sector impacted by Class 4 or TAB venue gambling? *(tick as many as apply)*** |
| I’d rather not say |  |
| I am not directly impacted |  |
| I am personally impacted by problem gambling through my own or another’s actions |  |
| I am involved with a pokie trust/non-club society |  |
| I am involved with a club society (i.e. Club Vista/Waikanae Chartered Club/Ōtaki RSA) |  |
| I run a venue that operates pokies |  |
| I apply for pokie funding for my sport/community group etc.  |  |
| I belong to a sports club or community group etc that benefits from pokie funding |  |
| I am involved in the provision of health/addiction services |  |
| Other (please state) |  |
| **Comments:** |

### Draft Smokefree Public Places Policy(Please refer to the Statement of Proposal)

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| **Qu. 1. Do you support the proposed expansion of this policy to prohibit vaping as well as smoking in public places?**  |
| **Yes** | **No** | **Somewhat** |
|  |  |  |
| **Qu. 2. Please provide further comment on the proposed inclusion of vaping in this policy** |
|  |
| **Need more room?** You can send us extra pages if there is not enough space on this form to give all the feedback you want to. Please make sure your name and contact information is included.  |

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| **Qu. 3: Do you agree with the inclusion of the following areas in the policy?** ***(tick as many as you agree with)*** |
| All Council-owned parks, reserves and sportsgrounds |  |
| All Council-owned playgrounds, including skateparks |  |
| Within 10 metres of public Council buildings and facilities |  |
| Train stations, bus stops and shelters |  |
| Beaches, rivers and lakes |  |
| Outdoor dining on public (Council-controlled) land (from 2025) |  |
| Events held on Council land or receiving Council funding (from 2025) |  |
|  |  |  |
| **Qu. 4. Please provide further comment based on the proposed expansion of smokefree (and potentially vapefree) areas above:** |
|  |
| **Need more room?** You can send us extra pages if there is not enough space on this form to give all the feedback you want to. Please make sure your name and contact information is included.  |
|  |
| **Qu. 5: Do you have a particular interest in this policy? *(tick as many as apply)*** |
| I’d rather not say |  |
| I am not directly impacted |  |
| I am a smoker |  |
| I am a vaper |  |
| I have smokers/vapers in my whānau/family |  |
| I am involved in the retail or tobacco or vaping products |  |
| I am involved in the provision of health/addiction services |  |
| Other (please state) |  |
| **Comments:** |

### Privacy

The Council has a Privacy Officer whom you can contact if you have any concerns regarding privacy issues.

Personal information provided to the Kāpiti Coast District Council ("the Council"), may be held, used and disclosed by the Council:

* to enable the Council to communicate with you for any purpose
* to enable the Council to provide you, or have provided to you, advice and information concerning products and services that the Council believes may be of interest to you
* to enable the Council to administer and maintain its records and carry out its required functions.

Personal information may be collected by the Council and will be held by the Council, whose address is Private Bag 60601, Paraparaumu.

You have the right under the Privacy Act 2020 to obtain access to and to request correction of any personal information held by the Council concerning you.

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| **Name:** |
| **Signature:** (of submitter or person authorised to sign on behalf of the submitter) |
|  **……………………………………………. Date: ……………………..…..2023**(Note: A signature is not required if you make your submission online or by email) |

**If you have any questions about the Draft Class 4 Gambling & TAB Venue Gambling Policy 2023 or Draft Smokefree Public Places Policy 2023 check out the information on our website at** <https://haveyoursay.kapiticoast.govt.nz/gambling-and-smokefree-policy-reviews>**before submitting.**