# **Section 6: Conduct of this consultation**

6.1. This consultation has been conducted in accordance with the Cabinet Office Consultation Principles.

## Consultation principles

6.2. The Cabinet Office Consultation Principles can be found at:

<https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/492132/20160111_Consultation_principles_final.pdf>

## Feedback on conduct of consultation

6.3. If you have any comments regarding the conduct of this consultation, please contact the Consultation Co-ordinator at consultation.coordinator@mcga.gov.uk.

6.4. We are continually trying to improve the way in which we conduct consultations and appreciate your views. We would be grateful if you could complete and return the attached feedback form. These should be submitted to the Consultation Co-ordinator and are not affected by the deadline for this consultation.

6.5 If you require this consultation in an alternative format, please contact either the Consultation Co-ordinator or the named official conducting this consultation.

**MCA CONSULTATION FEEDBACK FORM**

1. Please indicate on which Consultation you are providing feedback:

***……………………………………………………………………………***

|  |  |
| --- | --- |
| 2a. | Please indicate whether you are responding on behalf of: |
|  |[ ]  Yourself as an Individual |
|  |[ ]  A Trade Association |
|  |[ ]  A Company |
|  |[ ]  A Government Organisation |
|  |[ ]  A Trade Union |
|  |[ ]  Other(please specify) |  |

|  |  |
| --- | --- |
| 2a. | Please indicate whether you accessed this consultation package through: |
|  |[ ]  Post |
|  |[ ]  Email |
|  |[ ]  Website |

|  |  |
| --- | --- |
| 3. | Please rate the quality of this consultation regarding accuracy, good English and spelling: |
|  |[ ]  Very good |
|  |[ ]  Good |
|  |[ ]  Average |
|  |[ ]  Poor |
|  |[ ]  Very Poor |

|  |  |
| --- | --- |
| 4. | Please rate the format of the consultation presentation (layout, Annexes etc.): |
|  |[ ]  Very good |
|  |[ ]  Good |
|  |[ ]  Average |
|  |[ ]  Poor |
|  |[ ]  Very Poor |

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| 5. | Please rate the consultation in terms of how clear and concise you felt it was: |
|  |[ ]  Very good |
|  |[ ]  Good |
|  |[ ]  Average |
|  |[ ]  Poor |
|  |[ ]  Very Poor |

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| 6. | Did you feel that the consultation was conducted over a sufficient period of time? |
|  |[ ]  Yes |
|  |[ ]  No |

|  |  |
| --- | --- |
| 7. | Were any representative groups, organisations or companies not consulted who you felt should have been? |
|  |[ ]  Yes |
|  |[ ]  No |
|  | If yes, who? |  |

|  |  |
| --- | --- |
| 8. | Please let us have any suggestions for improvement or other comments you wish to make about this consultation below: |
|  |  |

Thank you for your time. Please return this form to:

Consultation Co-ordinator,

Maritime and Coastguard Agency,

Spring Place, Bay 3/26, 105 Commercial Road

Southampton SO15 1EG

Or e-mail it to: consultation.coordinator@mcga.gov.uk

If you are happy to supply your name in case we need to contact you to discuss your views further, please enter it below (this is optional, and your feedback will still be taken into account if you wish to remain anonymous):

|  |  |
| --- | --- |
| Name  |  |
| Tel. No. |  |

**Please note that the deadline for responses to the Consultation itself**

**does not apply to the return of this form.**