



Title : HAVE YOUR SAY: Draft Disability Access & Inclusion Plan

ABOUT YOU

Q.1 Name:

Q.2 Postcode:

Q.3 Contact Phone Number:

Q.4 Do you identify as or represent any of the below (check all that apply)

- Person living with disability
- Carer or family member of person living with disability
- Work in an area that supports people living with disability
- Person from the Playford community with an interest in this topic
- Speak a language other than English at home
- Aboriginal or Torres Strait Islander

SECTION 3.1 - INCLUSIVE COMMUNITIES FOR ALL

Q.5 Please refer to Section 3.1 in the Draft DAIP to see the list of proposed actions in this section.

How strongly do you support our actions in this section?

- Strongly Agree
- Agree
- Not Sure
- Disagree
- Strongly Disagree

Q.6 If you have indicated not sure, disagree or strongly disagree, please provide further feedback as to what we should add, change or remove.

Q.7 Do you have any other feedback about this priority area?

SECTION 3.2 - LEADERSHIP AND COLLABORATION

Q.8 Please refer to Section 3.2 in the Draft DAIP to see the list of proposed actions in this section.

How strongly do you support our actions in this section?

- Strongly Agree
- Agree
- Not Sure
- Disagree
- Strongly Disagree

Q.9 If you have indicated not sure, disagree or strongly disagree, please provide further feedback as to what we should add, change or remove.

Q.10 Do you have any other feedback about this priority area?

SECTION 3.3 - ACCESSIBLE COMMUNITIES

Q.11 Please refer to Section 3.3 in the Draft DAIP to see the list of proposed actions in this section.

How strongly do you support our actions in this section?

- Strongly Agree
- Agree
- Not Sure
- Disagree
- Strongly Disagree

Q.12 If you have indicated not sure, disagree or strongly disagree, please provide further feedback as to what we should add, change or remove.

Q.13 Do you have any other feedback about this priority area?

SECTION 3.4 - LEARNING AND EMPLOYMENT

Q.14 Please refer to Section 3.4 in the Draft DAIP to see the list of proposed actions in this section.

How strongly do you support our actions in this section?

- Strongly Agree
- Agree
- Not Sure
- Disagree
- Strongly Disagree

Q.15 If you have indicated not sure, disagree or strongly disagree, please provide further feedback as to what we should add, change or remove.

Q.16 Do you have any other feedback about this priority area?

CLOSING COMMENTS

Q.17 Do you have any other comments about the Draft DAIP?