

Participant First Engagement Initiative – Form

This is NOT an official NDIS form



This form is for people who want to volunteer with the NDIS to help make the NDIS better.

Easy read version

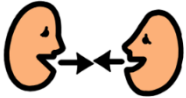
July 2020



Information



Thank you for joining.



Your feedback can help make the NDIS better.



If you have questions you can ask Kitty Howard
participant.engagement@ndis.gov.au



We will use your information to ask you to help us sometimes.



We will not share your details with anyone else.



We will keep your information private.



There is more information at
<https://www.ndis.gov.au/news/4993-participant-first-help-shape-ndis>

How would you like to help?



I want to fill in surveys online



I want to meet with NDIS on my own or with my support person



I want to work with NDIS in groups



Your contact details



Your name



Your phone number



Your email address



Your city or suburb











The State you live in











How would you like us to contact you?

- Phone
- Email
- Post













About you

	<p>I am an NDIS Participant</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<p>I am a family member of an NDIS participant</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<p>I am a carer for one or more NDIS participants</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<p>I am a person with a disability, but I am not an NDIS participant</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<p>Other (please tell us here)</p>	<hr/>	
	<p>How old are you?</p>	<hr/>	
	<p>Are you Aboriginal or Torres Strait Islander?</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<p>Do you speak another language at home?</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>























What are your disabilities?

	<p>Intellectual Disability</p>	<p>✓</p>	<p>✗</p>
	<p>Acquired Brain Injury</p>	<p>✓</p>	<p>✗</p>
	<p>Autism</p>	<p>✓</p>	<p>✗</p>
	<p>Physical disability</p>	<p>✓</p>	<p>✗</p>
	<p>Hearing Loss</p>	<p>✓</p>	<p>✗</p>
	<p>Psychosocial Disability</p>	<p>✓</p>	<p>✗</p>
	<p>Vision Impairment</p>	<p>✓</p>	<p>✗</p>
	<p>Other (please tell us here)</p>	<hr/>	

What information would you like to share with us?

	Getting into the NDIS	✓	✗
	NDIS Planning	✓	✗
	Using your NDIS Plan	✓	✗
	Group homes	✓	✗
	Early Childhood	✓	✗
	Mental Health	✓	✗
	Equipment and technology	✓	✗
	Education	✓	✗
	Jobs	✓	✗
	Self Managing your NDIS Plan	✓	✗
	Finding a home	✓	✗
	Other	✓	✗

What accessibility help do you use?

	<p>Closed captioning</p>		
	<p>Screen reader</p>		
	<p>Wheelchair access</p>		
	<p>Auslan</p>		
	<p>Support worker</p>		
	<p>Assistance dog</p>		
 <p>Interpreter</p>	<p>Language interpreting</p>		
	<p>Other _____</p>		

How to send this form



Please send this form to

participant.engagement@ndis.gov.au



Or take this form to your local NDIS or LAC office.

You can find your local office here:

www.ndis.gov.au/contact/locations



The Growing Space made this NDIS form in Easy English to help more people be part of the NDIS' Participant First Engagement Initiative.

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www.TheGrowingSpace.com.au