# **NDIS logo**

# **Participant First information form**

Thank you for joining the Participant First engagement initiative. Your feedback will help us to design and deliver better services to you and your families.

To help us understand how you can provide feedback, please answer these questions and return the form to us at [participant.engagement@ndis.gov.au](mailto:Participant.Engagement@ndis.gov.au).

We will use the personal information that you provide here to organise engagement opportunities intended to enhance the NDIS. We will not use this information for any other purpose.

## **Feedback method**

**How would you like to provide feedback to us?** (Select all that apply.)

I want to provide feedback online via email or short surveys, or simple document reviews (Participant Connect)

I want to provide more detailed feedback in one-to-one or small group discussions around projects within the NDIA (Participant Focus)

I want to work with NDIA project teams and share my experiences to help design a product or policy (Participant Design)

## **Contact details**

**To help us get in touch with you, please provide your contact details.**

| Your name: |  |
| --- | --- |
| Your email address: |  |
| Your telephone number: |  |
| Your city or suburb: |  |
| Your state or territory: |  |
| Your preferred contact method: |  |

## **About you**

**What is your connection to the NDIS?** (Select all that apply.)

I am an NDIS Participant

I am a family member of an NDIS participant

I am a carer for one or more NDIS participants

I am a person with a disability, but I am not an NDIS participant

Other (please list below)

|  |
| --- |

**What is your age?** (Select one option.)

Under 18

18 to 24

25 to 34

35 to 44

45 to 59

60+

**Are you of Aboriginal or Torres Strait Islander Decent?** (Select one option.)

Yes

No

Prefer not to say

**Are you from a culturally or linguistically diverse background?** (Select one option.)

Yes

No

Prefer not to say

## **Experience of disability**

**What is your lived or observed experience of disability?** (Select all that apply.)

Acquired Brain Injury

Autism

Cerebral Palsy

Genetic Conditions

Hearing Loss

Intellectual Disability

Multiple Sclerosis

Neurological Disorder

Parkinson’s Disease

Physical Disability

Psychosocial Disability

Sensory and/or Speech Disability

Other (please list below)

|  |
| --- |

## **Areas of interest**

**Which of the following topics are you interested in or experienced with?** (Select all that apply.)

Access to NDIS

Planning

Plan Implementation

Supported Independent Living

Payment

Early Childhood Early Intervention

Culturally and Linguistically Diverse

Mental Health

Assistive Technology

Education

Employment

Self-managed Plan

Agency Managed Plan

Specialist Disability Accommodation

Other (please list below)

|  |
| --- |

## **Accessibility requirements**

**What are your accessibility requirements?** We will use this information to support your participation in our engagement projects. (Select all that apply.)

Closed captioning

Screen reader

Wheelchair access

Interpreting services (Auslan)

Translating and interpreting services (Language other than English)

Support worker

Assistance animal

Other (please list below)

|  |
| --- |

## **Other information**

Is there any other information you would like us to know about you?

|  |
| --- |

## **Submitting this form**

Thank you for completing this form to be involved in the NDIA Participant First Engagement Initiative. Please email this form to [participant.engagement@ndis.gov.au](mailto:participant.engagement@ndis.gov.au).

For any questions, please contact Kitty Howard, Senior Project Officer, at [participant.engagement@ndis.gov.au](mailto:participant.engagement@ndis.gov.au).