

Inclusion Disability Action Plan survey

About you



About you



We need to get information about you to help us with the survey.



You can tick the box that is right for you.



Are you a

- Person with disability



- Family member



- Someone who supports a person with disability



- Disability service provider.

What type of disability do you have ?



- Physical disability



- Blindness or hard of hearing



- Mental health condition



- Cognitive or intellectual disability.

What type of disability do you have ?



- Developmental disability



- Autism or ADHD



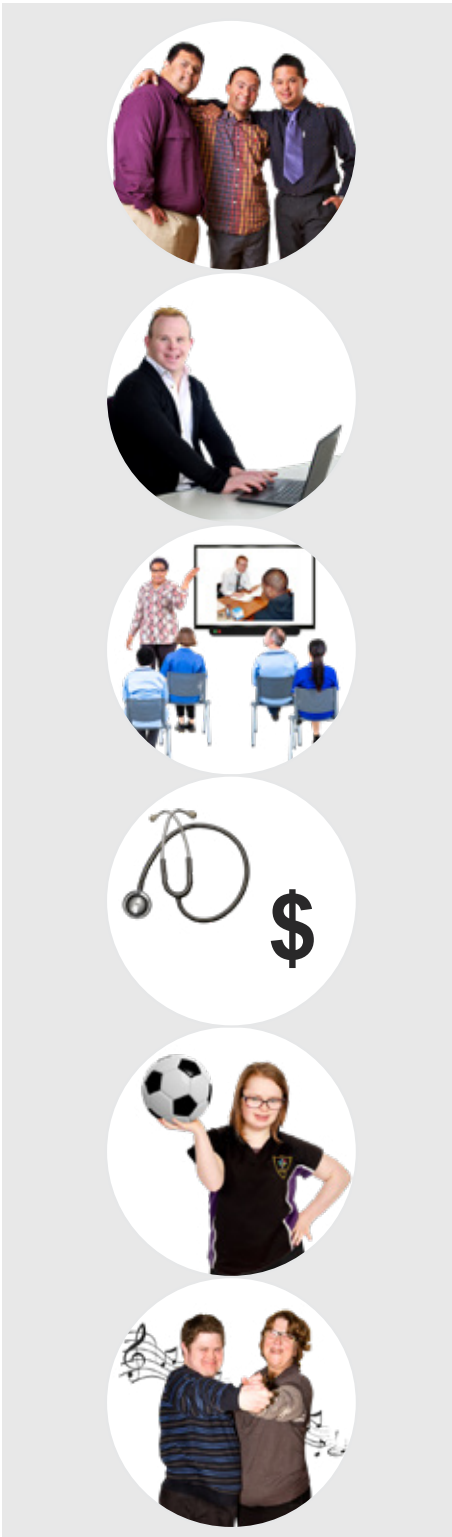
- A health issue you had for a long time like a lot of pain



- I do not have a disability.

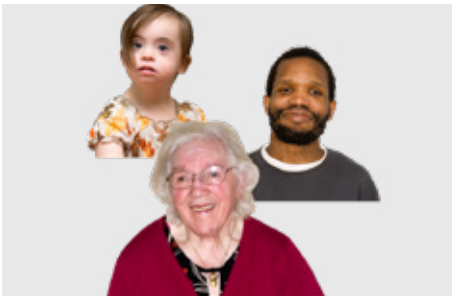


If you live in City of Sydney where do you live ?



Do you or the person with disability you support go to the City of Sydney local area to

- Go out or meet friends
- Work
- Study
- Use services like the doctor or the bank
- Play sport
- Go to groups or events.

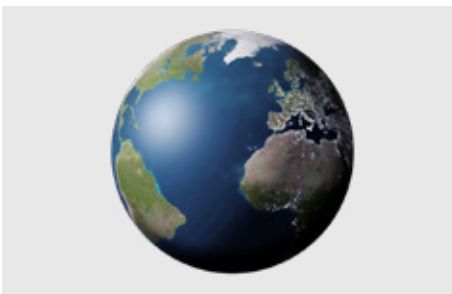


How old are you ?



What is your **cultural background** ?

Cultural background is if you are from another country or speak another language.



Were you born in a different country to Australia ?

 Yes

 No.

If you ticked yes please write the name of the country.



Which language do you speak at home ?



What is your **sexuality** ?

Sexuality means how you feel about other people in a sexual or romantic way.

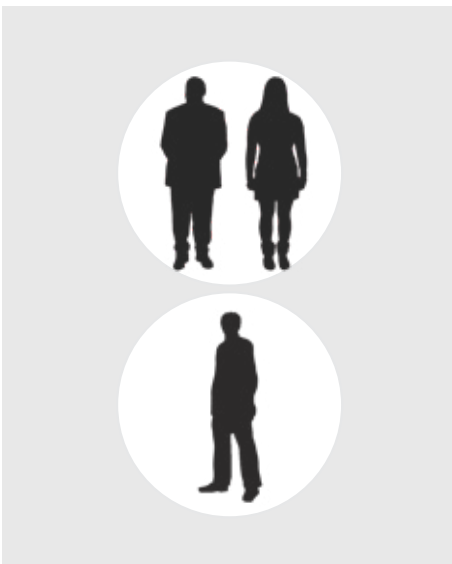


What is your **gender** ?

Gender means the way you feel inside about who you are.

- Man
- Woman
- **Non binary**
- Other.

Write in the box.



Non binary can mean that you can feel like

- A mix of a man and a woman
- No gender at all.



Do you give support to someone and do not get paid ?

 Yes

 No.

If you ticked yes is the person



- Someone with a disability



- Someone who has had a health issue for a long time



- Someone with a mental health condition



- An older person.



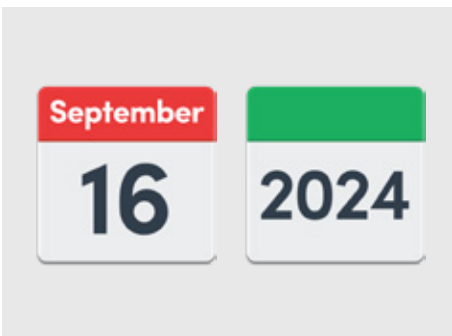
Do you want information about how the work on the IDAP is going?

 Yes

 No



If you said yes write your email in the box.

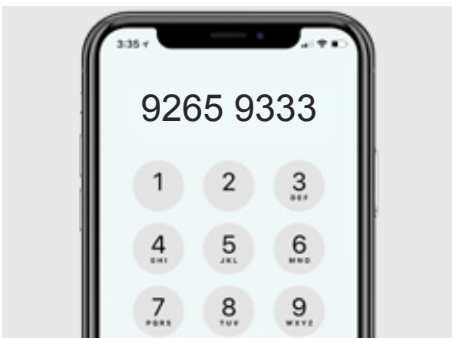


Please give us your survey by **Monday 16 September 2024.**

You can also post the survey to



City of Sydney Council
Inclusion disability action plan survey
C/O Social Policy Team Level 3
GPO Box 1591
SYDNEY NSW 2001



You can call us on **9265 9333**.



You can email us at

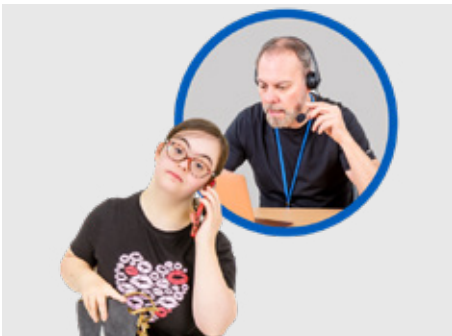
inclusiondisability@cityofsydney.nsw.gov.au

Support to talk to council



You can call the **Translating and Interpreting Service** to speak to someone in your language.

We will say **TIS** for short.



TIS can support you to talk to the council.



You can call TIS on **13 14 50**.

You can call the **National Relay Service** if you



- Are deaf



- Find it hard to hear people over the phone.



You can call the National Relay Service on **1800 555 660**.



Or you can go to their website at

www.accesshub.gov.au/about-the-nrs/nrs-call-numbers-and-links

Council for Intellectual Disability made this document Easy Read. **CID** for short.

You need to ask CID if you want to use any pictures in this document.

You can contact CID at **business@cid.org.au**.