

Feedback Form – How are we doing?

We want you to live the life you imagine! You're in charge - so if something isn't working for you, or if things are going really well, please let us know.

Complete this feedback form and return it to your local office, or visit www.accessability.org.nz/about-us/feedback to fill in our online survey. All answers are confidential.

A large print version of this survey is available. Please visit our website to download it or request a copy from your local office.

Your Relationship with AccessAbility Comments

With which of our offices do you have the most contact?

- New Plymouth/Taranaki
- Whanganui
- Dunedin Otago/Southland

How do you work with AccessAbility?

- I work with AccessAbility to organise my support
- I work with a Local Area Coordinator in Otago or Southland

How much involvement do you have with AccessAbility?

- Frequent (every two weeks)
- Occasional (monthly)
- Limited (once every three – six months)
- Minimal (once a year or less)

Taranaki office

Kings Building, 36 Devon Street West
PO Box 8377, New Plymouth 4342

Whanganui office

244 Victoria Avenue
Whanganui 4500

Otago/Southland office

Burns House, 10
George Street
PO Box 966, Dunedin 9054



Phone: 0800 758 700

Email: contact@accessability.org.nz

www.accessability.org.nz

Would you prefer to have more or less involvement with AccessAbility? More Less Stay the same

How do you prefer to receive information from AccessAbility? Face to face meetings Website Email Text message Phone Facebook

Your experiences of working with AccessAbility **Yes very much** **Yes mostly** **Not really** **Not at all** **Comments**

Was it made clear to you that you are able to have whanau/family present when you meet with us?

During your last contact with AccessAbility, did you feel our staff listened to your ideas and comments?

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	Yes very much	Yes mostly	Not really	Not at all	Comments
Did the person you spoke with discuss options that fit with your ideas of what you need to live well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did our staff work with you in a way that recognises your family's culture, choices and beliefs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are you able to easily get in touch with AccessAbility if you have a problem or if something changes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has working with AccessAbility made a positive difference in your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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About You

I am: A person receiving disability support services
 A friend or relative caring for an individual with disability

Which ethnic groups do you belong to? Maori Pacific Island
Iwi/group _____
 New Zealand European
 Asian
 Other _____

What age group do you belong to? Birth to 5 years
 5 years to school leaver
 Adult
 Over 65

Would you be interested in speaking to us in more detail about your experiences? Yes, very much Not at all

Your name _____

Your address _____

Your contact number _____

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Thank you for completing our survey. We appreciate your feedback.

Office use only **MoH** **DHB** **LTS-CHC** **LAC**

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