

DAIP Community Consultation Feedback Form

Name:

Your interest in our DAIP:

Organisation/Service Provider

Person with a disability

Carer

Other

Have you experienced any barriers to access that we have not identified in our plan?

Yes

No

Situation:

Reason for difficulty:

Is there a Strategy which you are particularly impressed with?

Yes

No

Strategy:

Why you believe it is a good Strategy:

Are there any additional Strategies we have not identified in our Plan which you believe will help us to improve access to our information, facilities and services?

Yes

No

Strategy:

Why you believe it would be a good Strategy: