



My Experiences, My Rights: Health and Wellbeing Phase One Consultation Questions

Before completing this form please go through the [Phase One Consultation Participant Information Sheet](#) carefully. It is ok to ask a friend, family member or a support person to help you fill out the form if you want to.

Please begin with the following questions about who you are. We need this information to make sure the people who take part in the consultation are from diverse backgrounds. We will not use personal information as part of the consultation.

Questions about you

Date of Birth

Gender

- Male
- Female
- Other (please specify)
- Prefer not to disclose



Ethnicity (please select all that apply)

- Māori
- European New Zealander/ Pākehā
- Fijian
- Tongan
- Cook Island Māori
- Samoan
- Niuean
- Indian
- Chinese
- Other (please specify)
- Prefer not to disclose

I identify as:

- A disabled person.
- A Deaf person.
- A family member of someone with high or complex disabilities who is unable to consent to take part in the monitoring research.
- A support person of someone with high or complex disabilities who is unable to consent to take part in the monitoring research.

Brief description of my/ their disability:



Consultation Questions

- 1) What health and wellbeing rights violations or issues would you like to see investigated in monitoring research?



- 2) What public health policies, legislation, and systems would you like to see investigated in monitoring research?



I would like the DBI to keep me updated on the monitoring research and future opportunities to participate. I understand that my contact details will be kept separate from my survey responses:

(Select one) Yes No

If yes:

Name:

Phone number:

Email:

Thank you for participating in this consultation. If you have any questions or concerns, please contact Umi Asaka on:

Free phone: 0800 878 839

Email: uasaka@donaldbeasley.org.nz

Website: <https://www.donaldbeasley.org.nz/projects/disabled-person-led-monitoring-of-the-uncrpd/>