

APPENDIX 6

Collecting information from adults with intellectual disabilities or adults on the Autism Spectrum

Information form

It is recognised that information provided in this survey is very personal. It is intended for appropriate care of people and will only be used and disclosed to this end. It will be stored securely and destroyed once it is no longer needed.

Please check whether the person needs help with filling in this form.

1. What is your Name: _____

2. When is your birthday: _____

3. Where do you live: _____

4. Who do you live with: _____

5. Do you have an email address and are you happy for us to email you?

- Yes No Unsure

If yes, write your email address here:

6. Do you have any family members who go to this church?

- Yes No Unsure

7. If yes, what are their names?

8. Do you have any friends who go to this church?

Yes No Unsure

9. If yes, what are their names?

10. Do you have a disability?

Yes No Unsure Prefer not to say

11. If yes, can you please tell us about your disability so we can help support you at church?

12. What do you like doing or are good at doing?

13. Do you need any help at church?

Yes No Unsure

14. If yes, what do you need help with?

- Help with a wheelchair or walker and getting around the building;
- Getting a large print Bible and other information in large print;
- A friend to help you get around;

- Special seating to see or hear better during church;
- Joining a prayer group or Bible study group that meets during the week
- Something else? _____

15. Are there any areas of church you would like to be more involved in or would like to serve in (for example, youth ministry, Bible reading, welcoming team, etc)?

- Yes No

16. If yes, which ministry would you like to be involved in and in what way would you like to be involved?

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- Leader/Server Participant

17. If you are interested in helping out at church, what areas do you think you might like to be involved?

- Welcoming at the front door of church
- Helping serve morning tea
- Setting up/packing up chairs
- Helping in the office
- Something else?

18. If you would like to be a volunteer at our church, you will need to have a police check to make sure you have not committed any crimes. Is this ok?

- Yes No Unsure

19. If you would like to be a volunteer at our church, you will need to complete a course called Safe Ministry Training. Is this ok?

- Yes No Unsure

Medical Information

1. Are you on any medication that it is important for us to know about?

Yes No Unsure

2. If yes, please tell us about your medication:

3. Do you have seizures?

Yes No Unsure

4. If yes, do we need to know anything about your seizures:

5. Are there any foods you can't eat? (Because of allergies or intolerances or other reasons)

Yes No Unsure

If yes, tell us about the foods you can't eat:

6. If there is an emergency, who is the best person for us to talk to about you:

- Your mum or dad
- Your grandparents or other family member
- A support worker

A friend

Someone else? _____

7. What is their name and phone number:

If someone helped you fill in this form, what is their information:

Name of Contact Person: _____

Phone number/s: _____

Email address: _____