**Activate Inclusion Sports Days Pre-Event Survey**

By filling out this form you are assisting Disability Sports Australia and [ADD PARTNERS] in supporting participants and their families to reach their social activity goals.

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age: \_\_\_\_\_\_ Identified Gender: \_\_\_\_\_\_\_\_\_ Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Disability Type: (Please circle the most appropriate below)**

**Physical:** Cerebral Palsy Quadriplegia Paraplegia Amputee Short Stature

**Sensory:** Vision Impaired – Blind Deaf – Hard of Hearing

**Intellectual:** Autism Down syndrome **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does the participant currently participate in PE at School:** Yes: \_\_\_ No: \_\_\_

**Does the participant currently participate competitively in school sports carnivals? Please circle any that you have competed in during the last 2 years.**

Athletics Swimming Cross Country

**Does the participant regularly see any of the following support health professionals to assist with therapy or staying active?**

Physiotherapist Occupational Therapist Exercise Physiologist

**How does being active make you feel?**

|  |  |  |  |
| --- | --- | --- | --- |
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This next section is called **CAN I PLAY**. We gather this information to support participants and their families to be more active, more often with the right adaptions in community recreation activities and community sports clubs.

**Does the participant currently participate in community sport:** Yes\_\_\_ No:\_\_\_

**If yes, please list which sports and community clubs they play for:**

**Would the participant like to continue to do any activities within their community after they attend Activate Inclusion Sports Day?** Yes: \_\_ No: \_\_

**Please list 3 sports or recreation activities the participant would like to try**

1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does the participant currently work with an NDIS Local Area Coordinator or Early Childhood Early Intervention Coordinator within their community?**

Yes: \_\_\_ No: \_\_\_ NDIS Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does the participant currently access any of the following funding supports to assist them in costs with participating in a sport or activity?**

**State Government Sports Vouchers:** Yes:\_\_\_ No: \_\_\_

**NDIS Goal Related Activity:** Yes: \_\_\_ No: \_\_\_

**If the person responsible for filling in this survey would like help from Disability Sports Australia in linking to funding or activities please complete the following and we will contact you directly:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Would you like to receive information from Variety – the Children’s Charity about programs and funding opportunities to participate in sport and recreation? Yes**