**My Experiences, My Rights: Supports and Services**

**Strand Two**

**He Puka Tono**

**Focus Group Participant Interest Form**

Tēnā Koe,

**Mā tētahi atu koe e āwhina**

If you want to take part in a focus group and would like help filling out the Participant Interest Form you can:

* Phone the DBI Research Team (0800 878 839)
* Contact the DBI research team by email to arrange a time to fill out the form together (uasaka@donaldbeasley.org.nz)

**Māu taua nei puka tono e whakakī**

If you want to fill out the form yourself, you can:

* Complete the questions [online](https://qfreeaccountssjc1.az1.qualtrics.com/jfe/form/SV_40aZqAe2bDNXXBI). When you have finished, press ‘DONE’ and your answers will be sent directly to the monitoring team.
* Download and fill out the Word Doc questions below and email it back to us (English or Te Reo Māori)
* Print this Word Doc, fill it out, and post it to us at the DBI (English or Te Reo Māori)
* Video or audio record your answers and email the file to the DBI (English or Te Reo Māori)

If you would like to register your interest in the focus groups in New Zealand Sign Language, you can:

* If you would like to register your interest in New Zealand Sign Language, you can record a video using SeeFlow NZSL Direct (https://seeflow.co.nz/direct). SeeFlow will translate the video and send it to us.

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 answer the following questions. We need this information to make sure the people who take part in the focus groups live in a range of different ways. We will not use this information as part of the monitoring research.**

**Pātai 1** (Question 1)

**Ikoa** / Name:

**Waea** / Phone number:

**Īmēra** / Email:

**Wāhi Noho** / Address:

**Te Rā i Whānau mai koe** / Date of Birth:

**Pātai 2**

**Tuakiri ā-ira** / Gender:

* Tāne / Male
* Wāhine / Female
* Tētahi Atu / Other (please specify)
* Prefer not to disclose

**Pātai 3**

**Mātāwaka** / Ethnicity (please tick all that apply):

* NZ European
* Māori
* Fijian
* Tongan
* Cook Island Māori
* Samoan
* Niuean
* Indian
* Chinese
* Other (please specify)
* Prefer not to disclose

**Pātai 4**

Mehemea e mōhio ana koe i ō iwi, i ō hapū, i ō marae hoki, tēnā tuhia mai te roanga o te kōrero ki raro nei. Ki te kore koe e mōhio, ki te kore rānei tēnei pātai e hāngai ana ki a koe, e haere tonu ana ki te pātai e whai nei /

Do you know the name(s) of your iwi (tribe), hapū (sub-tribe) and marae? If yes, please provide as much detail as you can below. If you do not know, or this question is not applicable, please continue to the next question:

Iwi:

Hapū:

Marae:

**Pātai 5**

**Taku tūikoa noa /** I identify as:

* Tangata Whaikaha / Whānau Hauā / A disabled person
* Tangata Turi / A D/deaf person
* A family / whānau / aiga member of someone with multiple and complex disabilities
* A support person of someone with multiple and complex disabilities
* Other (please specify)

**Pātai 6**

**Mēnā he takata whaikaha koe, whakamōhio mai koa tō ake whaikaha** / If you are disabled, please briefly describe your disability:

**Pātai 7**

**E hiahia ana au ki te uru ki tētahi/ētahi o ēnei rōpū arotahi:**

I want to participate in a focus group about… (please select as many as apply):

* ACC clients
* Individualised Funding (IF) clients
* Enabling Good Lives clients
* Home and Community Support Services clients
* People whose funding/services/supports is provided by District Health Boards[[1]](#footnote-0)
* Māori
* Pasefika
* Migrants and refugees
* LGBTTQIA+
* People living in group homes / People with learning disabilities
* People with psychosocial disabilities (Mental Health)
* Family, whānau, aiga and supporters of people with multiple and complex disabilities
* People whose funding/services/supports are provided by the Ministry of Education / Parents of disabled children
* D/deaf
* Rural
* People who have no access to supports or services

**Pātai 8**

**Wāhi Noho** / Living Situation (please tick all the boxes that apply to you)

* I live with my partner
* I live by myself
* I live in a flat with other people
* I live in a house with staff support
* I live with my family
* I board with another family
* I live in social housing
* I own my own home
* I don’t have a place to live
* Other (please specify)
* Prefer not to disclose

Umi Asaka (Paewai Rakahau/Junior Research Fellow)

**Waea** / Free phone: 0800 878 839

**Īmēra** / Email: uasaka@donaldbeasley.org.nz

www.donaldbeasley.org.nz

**Wāhi Mahi** / Postal Address: Suite 4, Level 2

248 Cumberland Street

Dunedin 9016, New Zealand

1. District Health Boards has since been transformed into Te Whatu Ora [↑](#footnote-ref-0)