**DEPARTMENT OF HEALTH FUNDED ORGANISATION**

**DISABILITY ACTION INCLUSION PLAN PROGRESS REPORT**

**20XX – 20XX**

**Name of contracted service:**

**Name of contact person:**

**Phone number:**

**Email:**

**Purpose**

This reporting sheet assists contractors to identify which outcome areas they are working in. It also serves as a reference for all contractors and their staff about how to provide a more accessible service.

It is noted that not all outcomes will be applicable to the services you provide on behalf of your Public Authority.

On completion, please forward contractor reporting template back to the WA HACC Program by the 15th July.

Please see link for more detailed information:

<http://www.disability.wa.gov.au/business-and-government1/business-and-government/disability-access-and-inclusion-plans/daip-progress-reporting/>

**Actions by contractors consistent with DAIP outcome areas:**

|  |  |  |
| --- | --- | --- |
| **DAIP Outcome** | **Example of actions (Please mark if appropriate)** | |
| 1. People with disability have the same opportunities as other people to **access services and events.** | Ensured contracting and procurement staff were aware of DAIP responsibilities |  |
| Ensured events organised and / or promoted were accessible for people with disability |  |
| Other actions implemented (please describe): |  |
| Not applicable |  |
| 2. People with disability have the same opportunities as other people to **access buildings and other facilities** | When carrying out work on public buildings or facilities we ensure public access is not obstructed |  |
| Ensured entry and exit ways remain obstruction free |  |
| Ensured the correct signage was displayed when work was being undertaken |  |
| Other actions (please describe): |  |
| Not applicable |  |

|  |  |  |
| --- | --- | --- |
| 3. People with disability receive information in a format that will enable them to **access information** as readily as other people are able to access it. | Pursue the State Government Guidelines to Information, Services and Facilities to ensure information is delivered in an accessible format. |  |
| Ensured information was made available in alternative formats upon request. |  |
| Reviewed our website to ensure it was accessible. |  |
| Other actions implemented (please describe): |  |
| Not applicable |  |
| 4. People with disability receive the **same level and quality of service** from staff as other people receive. | Improved staff awareness of disability and access issues and improve skills to provide a good service to people with disability. |  |
| Staff were provided with training to assist with customer service. |  |
| Accessibility information is regularly reviewed and readily available to staff. |  |
| Other actions implemented (please describe): |  |
| Not applicable |  |
| 5. People with disability have the same opportunities as other people to **make complaints.** | Accept complaints in a variety of formats such as by telephone, email, written or in person. |  |
| Have grievance mechanism processes available to meet the needs of people with disability. |  |
| Ensured that complaints policy and procedure are accessible for people with disability. |  |
| Other actions implemented (please describe): |  |
| Not applicable |  |
| 6. People with disability have the same opportunities as other people to **participate in any public consultation.** | Making sure the consultation process is held in an accessible venue |  |
| Ensure information is available in alternative formats (if required) including AUSLAN interpreters. |  |
| Other actions implemented (please describe): |  |
| Not applicable |  |
| 7. People with disability have the same opportunities as other people **to obtain and maintain employment** with a public authority. | Providing job related information in alternative formats upon request. |  |
| Holding the interview in an accessible venue. |  |
| Continue to improve the attraction, recruitment and retention of employees with disability. |  |
| Other actions implemented (please describe): |  |
| Not applicable. |  |

Please submit the completed form to the following address: [haccwa@health.wa.gov.au](mailto:haccwa@health.wa.gov.au)

**Thank you for taking the time to provide this important information.**