The Disability Alliance Campaign
Personal stories illustrating the needs in our community

Consent

I hereby consent for my story to be used for the purpose of the Disability Alliance Campaign (including publishing on the Disability Alliance Campaign website). I understand that any identifying information (e.g. name, location) will be withheld to protect confidentiality.

Your signature:_____

Optional details (this information will help us when campaigning)

Town/suburb: _____ Name: _____

If you don't wish to supply your name, please nominate an alias:

_____

Please send this story to:

Disability Alliance, PO Box 5236 West End Qld 4101

or send via email to disability alliance@gmail.com or simply pass on to your disability service provider

The Disability Alliance Campaign

The Disability Alliance represents a broad network of Queenslanders concerned about the ongoing neglect and social exclusion of Australians with disabilities. The Disability Alliance is not affiliated with any political party or level of government. The Campaign is not a structural entity, as such, and seeks to represent the broader sector in its pursuit of Government action (at State, Commonwealth and Local levels) in addressing neglect and social exclusion faced by people with a disability and families living with disability in Queensland and Australia.

The Disability Alliance, PO Box 5236, West End QLD 4101, Phone: 0403 815 828,
Email: disabilityalliance@gmail.com, Website: www.disabilityalliance.org.au

Your Story…

While statistics are useful to help policy makers and politicians understand the enormity of the problem, it takes personal stories to allow people to truly get a glimpse of what impact full personal support, a well resourced and integrated Medical Aids Subsidy Scheme, and could have on people's lives.

We invite you to write down your story in your own words. If chosen, your story will be used for campaigning purposes, including posting stories on the Disability Alliance website, and sending stories to politicians.

Please remember to sign the consent section over the page before returning your story to the Disability Alliance.

What key issues does your story relate to?

- ❑ **Personal Care Support**
- ❑ **Equipment and Aids**
- ❑ **Health Issues**

Write the details of your story below or submit your story online at www.disabilityalliance.org.au (200-300 words):

Please continue over if needed.

Some ideas…

Your story is your own. There are no right or wrong things to say.

If you want some ideas, scan down this list, remember though, you don't have to use them.

- Date of birth or age
- Nature of disability
- Life's journey
- Family situation and impact (e.g. financial impact, impact on relationships)
- Nature of any aids used for personal assistance
- Level of support (support you are receiving, if not receiving financial support, how long you have been on waiting list to receive support)
- Adequacy of current support
- Medical issues impacting your life
- Experiences with the Queensland Public Hospital System or community health settings.