



PWD Committee

People with Disability

Jonathan Langerman
Anita Howse

(CONVENER) or
(Secretary)

convener.pwd@unitingpresbyterian.org

INCLUSIVITY SURVEY

The People with Disability Committee striving to create an inclusive denomination that caters for all disabilities. The survey is compiled to aid the committee to identify specific needs of individuals within congregations with the aim of developing strategies and resources that would enable inclusivity for people with disabilities within all congregations.

All information provided in this survey will only be used by the PWD committee members as stated above.

✓ Please assist by fully completing the form that we have the knowledge how to assist you best.

CHURCH Information

Basic INFO —

Please **print** information in the space provided

Church Name _____

Presbytery _____ City/Town _____

Ministers Name _____ Contact Number _____

Session Clark _____ Contact Number _____

CHURCH BUILDING Information

Building INFO —

Please **tick** or mark with a **X** the appropriate block. Where needed **print** additional information in the space provided.

Wheelchair/Walker accessible Entrance/Exit. [e.g. Ramp installed] _____

Wheelchair/Walker accessible toilets [e.g. Ramp, Wider cubicle] _____

Church able to accommodate Wheelchair/Walker users during Services _____ and Events _____

Hand Railings ... _____ Area/s installed _____

Visually impaired assistance. [e.g. Large print bulletins/presentations....] _____

Hearing impaired assistance. [Sound systems ...] _____

Other _____



Congregation IDENTIFICATION

Member on Roll	Other attendees	Visitors/Guests	
MONTHLY:	Average Church attendants	Average Events attendants	
MOVEMENT IMPAIRED:	Member	Other attendees	Visitors/Guests
VISUALLY IMPAIRED:	Member	Other attendees	Visitors/Guests
HEARING IMPAIRED:	Member	Other attendees	Visitors/Guests
OTHER _____:	Member	Other attendees	Visitors/Guests

Other useful INFORMATION

People with disabilities in leadership role/s in your congregation.

SKILLED MEMBERS in YOUR CONGREGATION

TOTAL AMOUNT

DOCTORS _____

NURSES _____

CAREGIVERS _____

OTHER MEDICAL PERSONS _____

TEACHERS _____

PERSONS THAT WOULD BE WILLING TO WORK AND ASSIST WITH PEOPLE WITH DISABILITIES

NAME _____ **CONTACT NO.** _____

NAME _____ **CONTACT NO.** _____

ENQUIRIES

Contact: Jonathan Langerman (CONVENER) ... 082 927 4553 or Anita Howse (Secretary) ... 078 007 6284
 Please return the form by 7 November 2023 to your Presbytery PWD Representative or email the survey to convener.pwd@unitingpresbyterian.org