



Government
of South Australia

Department of Human Services

YourSay – Restrictive Practices Systems Survey

All fields marked with an asterisk (*) are required.

This survey is for NDIS service providers who may use restrictive practices in delivering NDIS supports to NDIS participants.

***1. Tell us about yourself. You can choose more than one answer.**

- a. NDIS provider manager / Executive ☐
- b. NDIS provider administrator ☐
- c. Potential Authorised Program Officer ☐
- f. Other ☐

- Please describe

2. Is the user guide about registering your organisation clear and helpful?

- a. Yes ☐
- b. No, more clarity is required ☐

- Please describe:

3. Is the user guide about nominating Authorised Program Officers clear and helpful?

- a. Yes ☐
- b. No, more clarity is required ☐

- Please describe:

4. Is the video guide about registering your organisation clear and helpful?

- a. Yes ☐
- b. No, more clarity is required ☐

- Please describe:

5. Is the video guide about nominating Authorised Program Officers clear and helpful?

a. Yes ☐

b. No, more clarity is required ☐

- Please describe:

6. Is the User Interface clear, accessible, and easy to navigate?

a. No ☐

b. Yes ☐

Comment

7. Did you have any problems with any aspect of the ICT process? (select as many as applicable):

a. Authentication ☐

b. Automatic emails from the system ☐

c. Logging in ☐

d. Scale / magnification on my screen ☐

e. Scrolling ☐

f. Uploading documents ☐

g. Error messages ☐

h. Unclear about information required ☐

i. Help text ☐

j. Didn't work with my browser ☐

k. I didn't experience any problems ☐

Comments:

8. Would you like to join our ICT Reference Group to help us develop the next functions in the system?

a. No ☐

b. Yes ☐ If yes, please provide contact details:

9. Is there anything else that you would like to share with us?

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