|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | | | | | | | | | | | | | | | | |
| Thank you for your commitment to people with disability in the Territory.  This form is for local government and non-government stakeholders to register their commitments under the Northern Territory Disability Strategy 2022-2032 and Action Plan 2022-2025, and to report on implementation progress.  Please note: This form is designed to be completed online. If you require a printable version with additional space for handwriting, please contact the Office of Disability on the details below.  Fields marked with an asterisk (\*) are required. | | | | | | | | | | | | | | | | | |
| Is this a \* | | | **New entry** | | | | | Yes / No | | | | **Update** | | | | Yes / No | |
| What NT Disability Strategy Outcome and Priority is your action related to? | | | | | | | | | | | | | | | | | |
| Please refer to the NT Disability Strategy and Action Plan documents available online. If more than one outcome, priority or action applies, please select all relevant.  <https://tfhc.nt.gov.au/social-inclusion-and-interpreting-services/office-of-disability/disability-strategy> | | | | | | | | | | | | | | | | | |
| Outcome #\* | | 1 | | | | 2 | | | | 3 | | | 4 | | | | 5 |
| Priority #\* | | Enter a priority from 1 to 6 | | | | Enter a priority from 1 to 4 | | | | Enter a priority from 1 to 6 | | | Enter a priority from 1 to 4 | | | | Enter a priority from 1 to 4 |
| Action Item #  (if applicable) | |  | | | |  | | | |  | | |  | | | |  |
| Your details | | | | | | | | | | | | | | | | | |
| We will use these details to contact you about your commitment. In addition, we will add the Key Contact email address provided below to our list of Interested Parties to receive future communications and updates about the Strategy and Action Plan. | | | | | | | | | | | | | | | | | |
| Local government | | | | Yes / No | | | | | | | Non-government | | | Yes / No | | | |
| Organisation Name\* | | | |  | | | | | | | | | | | | | |
| Key Contact Name\* | | | |  | | | | | | | | | | | | | |
| Key Contact Position | | | |  | | | | | | | | | | | | | |
| Email Address\* | | | |  | | | | | | | | | | | | | |
| Phone Number | | | |  | | | | | | | | | | | | | |
| Commitment | | | | | | | | | | | | | | | | | |
| Please provide a clear and concise description of the action or activity being proposed or undertaken.\* | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| When did you or do you anticipate starting?\*  Ideally provide approximate month and year. This can be backdated for actions in progress and revised later if necessary. | | | | | | | | | | | | |  | | | | |
| When do you anticipate completion?\*  Ideally provide approximate Month and Year. This can be revised later if necessary. | | | | | | | | | | | | |  | | | | |
| Performance Indicator | | | | | | | | | | | | | | | | | |
| Please provide a measurable performance indicator/s that will help you and us measure your success. This may be qualitative or quantitative however needs to be able to be evidenced so we can track and report our progress and success.  Example: Number of people with disability accessing your service; or percentage of people with disability reporting to have improved outcomes after implementation of your commitment. | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Baseline Performance Indicator Level | | | | | | | | | | | | | | | | | |
| If possible, please provide a measure of the performance indicator identified above at the time of making your commitment or the closest available data. We can compare this baseline to any future updates provided to measure progress.  Example: 45 people with disability attended our service for the activity; or 85% of our clients report in our survey that they have experience improved outcomes since we implemented our organisation’s plan. | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Current/Updated Performance Indicator Level | | | | | | | | | | | | | | | | | |
| If you have already commenced your action or activity, you may be able to complete this field when registering your commitment. Alternatively, this field is used for reporting progress as required or at least annually. We can compare this information to the baseline above to measure success.  Example: 85 people with disability attended our service for the activity; or 86% of our clients report in our survey that they have experience improved outcomes since our organisation’s plan was implemented. | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Target Performance Indicator Level | | | | | | | | | | | | | | | | | |
| Where required, please provide an ideal or target measure of the performance indicator/s identified above. This is a goal for your organisation and we can use this to track progress as a percentage and easily identify when your action has been completed or achieved.  Example: 100 people with disability attending our activity; or 90% of our clients reporting that they experience improved outcomes since our organisation’s plan was implemented. | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Authorisation | | | | | | | | | | | | | | | | | |
| The Office of Disability formally report on progress against the Strategy and Action Plan annually. As part of this process, we would like to include your commitment on our Register of Commitments to be available publicly online alongside the Action Plan. | | | | | | | | | | | | | | | | | |
| Approval for Publication\*  (A summary of commitment, organisation name, timeline and progress will be included) | | | | | | | Yes / No | | If no, can we contact you to discuss further? | | | | | | Yes / No | | |
| As an authorised delegate of the organisation listed, I hereby make the above formal commitment to carry out the nominated action/s and provide an update at least annually about progress made.  Advice about milestones, updates or completion of an action item or activity are welcomed at any time and can be submitted using this same form. Please only fill out the necessary fields. | | | | | | | | | | | | | | | | | |
| Authoriser Name\* | | | | |  | | | | | | | | | | | | |
| Authoriser Signature\*  (Electronic preferred) | | | | |  | | | | | | | | | | | | |
| Authoriser Position  (if different from above) | | | | |  | | | | | | | | | | | | |
| Email Address  (if different from above) | | | | |  | | | | | | | | | | | | |
| Phone Number  (if different from above) | | | | |  | | | | | | | | | | | | |
| Further information The Office of Disability is responsible for the implementation of the Strategy and Action Plan. Please email completed forms to [OfficeofDisability.TFHC@nt.gov.au](mailto:OfficeofDisability.TFHC@nt.gov.au) or contact our office on (08) 8999 2809. | | | | | | | | | | | | | | | | | |
| Collection statement The Department of Territory Families, Housing and Communities is committed to safeguarding the confidentiality and privacy of the information that it collects and handles, in accordance with the Northern Territory *Information Act 2002*.  You have been asked to provide personal information necessary for us to consider your registration of commitment under the Northern Territory Disability Strategy 2022-2032 and Action Plan 2022-2025.  The information you provide will be accessible to Territory Families, Housing and Communities only and will only be used to in relation to your registration of commitment under the Northern Territory Disability Strategy 2022-2032 and Action Plan 2022-2025. We will not disclose your personal information to third parties unless:   * authorised or required by law to do so, or * you have given us your consent to share your personal information for a specific purpose.   You do not have to provide your information to us, however, if you choose not to provide all or part of the information necessary we may not be able to consider your registration of commitment under the Northern Territory Disability Strategy 2022-2032 and Action Plan 2022-2025.  You may request access to the personal information we hold about you. To find out more read our privacy policy. If you want more information about the Northern Territory’s privacy laws, please refer to the Northern Territory *Information Act 2002*, or the [Office of the Information Commissioner NT](https://infocomm.nt.gov.au/). | | | | | | | | | | | | | | | | | |
| cid:image006.jpg@01D921C1.99F0F350 | | | | | | | | | | | | | | | | | |
| End of form | | | | | | | | | | | | | | | | | |