**DANA Member Information 2017-2018**

**Full Name of Organisation:**

**Postal Address:**

**Street Address:**

**Telephone:**

**Organisation Web Address:**

**Personnel Details:** (Please provide name and email address for the following, where applicable)

|  |  |  |
| --- | --- | --- |
| **CEO/ Executive Officer /**  **Manager/Coordinator** |  |  |
| **Contact for systemic policy issues** |  |  |
| **Contact for Admin/Invoice** |  |  |
| **Advocates (to receive direct copy of E-newsletter)** |  |  |

**Further Organisation Information:**

To assist DANA to advocate for independent disability advocacy, we would appreciate you answering the following questions.

Please return the completed form to [ceo@dana.org.au](mailto:ceo@dana.org.au)

Please fill in the **forms of advocacy** your organisation provides with the approximate **percentage** of time spent on each:

|  |  |  |  |
| --- | --- | --- | --- |
| **Individual:** |  | **Legal:** |  |
| **Systemic:** |  | **Self:** |  |
| **Citizen:** |  | **Information Services:** |  |
| **Family:** |  | **Other (please specify):** |  |

**DANA Member Information 2017-2018**

If applicable, please fill in the approximate **percentage of funding** you receive for your **advocacy work** from the following sources:

Disability Advocacy: 16/17 17/18

|  |  |  |  |
| --- | --- | --- | --- |
| **National Disability Advocacy Program (DSS)** |  |  | |
| **State/Territory Government Disability Advocacy Funding**  **End date of State/Territory current agreement:** |  |  | |
| Other advocacy funding sources: | | | |
| **State/ Territory Government Home and Community Care Program (HACC) (Younger Persons)** |  | |  |
| **Commonwealth Home Support Program (CHSP) (Older Persons)** |  | |  |
| **National Aged Care Advocacy Program** |  | |  |
| **Federal Government Other** |  | |  |
| **NDIS Appeals** |  | |  |
| **State/Territory Government Mental Health Funding** |  | |  |
| **State/Territory Government Aged Funding** |  | |  |
| **State/Territory Government Legal Funding** |  | |  |
| **State/Territory Government Other** |  | |  |
| **Investments** |  | |  |
| **Philanthropic trusts & Foundations** |  | |  |
| **Fundraising & Sponsorship** |  | |  |
| **Other (please specify)** |  | |  |

Project funding sources:

|  |  |  |
| --- | --- | --- |
| **NDIS-ILC** |  |  |
| **Other (please provide details)** |  |  |