Disability Employer Resource
Sample Staff Survey

Most agencies will undertake a staff survey at least every two years. It is important the views of all employees are heard during this time.

Follow the points below when developing your staff survey to ensure employees with disability can participate in the survey:

* if online ensure the survey is in an accessible format or is available in an alternative accessible format if requested
* there are questions related to access and inclusion
* assistance is available if someone needs helps to complete the survey or to have some of the concepts in the survey explained to them.

Below are some sample questions. These can be adapted to meet your Agency requirements and environment. Best practice is to run your draft survey questions past someone with experience with disability to ensure all issues are covered for your Agency.

# Staff survey

[‘Agency name’] would like to continue to ensure we are an employer of choice for everyone and continue to be a disability confident employer.

Strategies which are put in place to improve facilities, culture and operations for access and inclusion have universal benefits for us all.

Therefore we would like all staff to take the time to complete this survey, to assist us to improve our workplace.

If you would like assistance completing this survey please contact your line Manager.

1. **Do you have a disability? (please note the definition of disability includes sensory, intellectual, neuro-diverse, physical and mental illness – where the disability is permanent or is likely to be permanent).**
* Yes
* No

Indicate your answer:

1. **Do you require workplace adjustments? (for example flexible working hours, environmental changes, additional technology etc.)**
* Yes
* No

Indicate your answer:

Please explain the workplace adjustment(s) and the reason (for example height adjustable table, screen reader technology, flexible work hours).

1. **Have we provided you with the required workplace adjustments in order to do your job?**
* Yes
* No

Indicate your answer:

Was your request and the changes for the workplace adjustments made in a timely and uncomplicated manner?

* Yes
* No

Indicate your answer:

1. **Do you feel having a disability or requiring workplace adjustments has prevented you from gaining other work opportunities or advancements at [‘Agency name’]?**
* Yes
* No

Indicate your answer:

If you feel comfortable please explain:

1. **Do you consider [‘Agency name’] accessible and inclusive to people with disability?**
* Yes
* No

Indicate your answer:

1. **Have you experienced or seen any access or inclusion issues regarding disability in the following areas.**
* Recruitment
* Physical environment
* Processes
* Participation in staff activities or events
* Staff awareness
* Culture
* Other (Please indicate):

Please explain the issue:

1. **Do you have any suggestions regarding access and inclusion to [‘Agency name’s’] facilities, culture or ways of operation which will improve the facilities, recruitment, and/or retention for employees with disability?**

Thank you!

If this survey brings up any issues, you would like assistance to complete or you would like to discuss further with someone please contact [Contact Person]