



# **Australian Federation of Disability Organisations**

## **Welfare to Work Case Study Collection Form**

### **Introduction**

Thank you for agreeing to share your story about your experiences under Welfare to Work.

Before you share your story, you should read the **Your Right to Privacy** factsheet and consent form, which was provided with this case study collection form.

This form asks you a number of questions about yourself. These help us to understand who is being affected by Welfare to Work and to see if some people are being more affected than others.

At the end of the form there is space for you to write your story.

Once you have finished your story, please return this form to AFDO. Our contact details are below.

Email: [collette.oneill@afdo.org.au](mailto:collette.oneill@afdo.org.au)

Post: Collette O'Neill  
AFDO  
247 Flinders Lane  
Melbourne 3000

Fax: 03 9662 3325

If you need any help filling in the form, or have any questions, you can call the AFDO office on 03 9662 3324.

# Welfare to Work Case Study Collection Form

## Demographic Information

Please answer the following questions before writing your story. When you are given several possible answers to a question, you can circle the answer that applies to you (if you are filling this form out by hand) or, if you are filling it in electronically, you can delete the answers that do not apply to you.

## About Your Case Study

1. What is the main issue that you are raising in your case study?
  - Getting a payment from Centrelink
  - Losing a Centrelink payment
  - Coping financially
  - Help with finding or keeping a job
  - Leaving or losing work
  - Other

## About You

2. What is your age?

\_\_\_\_\_

3. What is your gender?

\_\_\_\_\_

4. Which State or Territory do you live in?

\_\_\_\_\_

5. What is your postcode?

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6. What area do you live in?

- Capital city
- Regional city/town
- Rural or remote area

7. Do you identify as Aboriginal or Torres Strait Islander?

Yes/No

8. What is your cultural heritage/ethnicity?

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9. What is the main language that you speak at home?

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10. How secure is your housing/accommodation?

- Secure – I live in a home that I own/rent or board
- Insecure – I do not have accommodation or my accommodation is temporary

11. How many times have you moved in the last 2 years?

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## **Family**

12. What is your relationship status?

- Single
- Married/living together
- Separated/Divorced/widowed

13. What is the gender of your partner? (This question is optional)

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14.How many dependent children do you have?

\_\_\_\_\_

15.What is the date of birth of your youngest dependent child?

\_\_\_\_\_

### **Education and work**

16.What is the highest level of education you have completed?

- Year 10 or below
- Year 12 or equivalent
- Post secondary qualification

17.What is your main activity during the week?

- Work full time
- Work part time
- Studying full time
- Studying part time
- Looking for work
- Caring for an adult or child with an illness or disability
- None of the above due to illness or disability
- Other

18.Are you currently looking for (more) work?

Yes/No

### **19.Conditions that may affect your ability to work**

20.Do you have a medical condition, illness or disability that affects your ability to work?

Yes/No

21.What is your primary condition?

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22.Has this condition been assessed by a government-appointed assessor?

Yes/No

23.Has your condition been assessed as reducing your capacity to work for more than 2 years?

Yes/No

### **Centrelink Payments**

24.What payment do you receive from Centrelink (if any)?

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25.How long have you been receiving this payment?

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**Please write your story here:**