

DISABILITY SUPPORT SERVICES FEEDBACK FORM



Information about you: (Optional)

Name: _____

Address: _____

Phone: _____

Organisation represented: (if applicable) _____

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SUBMISSIONS CLOSE AT 5 PM ON FRIDAY, 23 SEPTEMBER 2011

Thank you for your input. Please note that all submissions will be made available for public inspection unless you specifically request that yours remain private to the Board. However, you do need to be aware that even a private submission may need to be made available under the Official Information Act. All submitters who have provided contact information will be informed of the final outcome of this consultation.

If you would like more information or would like a speaker to address your group please contact:

Heather Janssen, DHB Office Manager: phone 546 1233 or email heather.janssen@nmdhb.govt.nz

The consultation document on Disability Support Services for Nelson Marlborough and an electronic version of this form is available on www.nmdhb.govt.nz

Please fold this sheet, seal it and post before **23 September 2011**

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Free Post Authority Number 255



Heather Janssen
DHB Office Manager
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District Health Board
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Nelson 7042

