MINISTRY OF PUBLIC SERVICE, ADMINISTRATIVE AND INSTITUTIONAL REFORMS
MAURITIUS

1 October 2021

Ministry of Public Service, Administrative and Institutional Reforms
Circular Letter No. 44 of 2021
E/364/6/13/01

From : Secretary for Public Service
To : Supervising Officers in charge of Ministries/Departments

Survey of Persons with Disabilities across the Public Service

Mauritius ratified the UN Convention on the Rights of Persons with Disabilities (UNCRPD) in January 2010. As party to the Convention, Mauritius is required to take appropriate actions to promote the full realization of all human rights and fundamental freedoms for persons with disabilities without discrimination.

2. Article 27 of the UNCRPD states that parties shall safeguard and promote the realization of the right to work, including for those who acquire a disability during the course of employment, by taking appropriate steps, including through legislation, to employ persons with disabilities in the public sector.

3. With a view to obtaining data and relevant information on Public Officers with disabilities for policy making, the Ministry, in collaboration with the Ministry of Social Integration, Social Security and National Solidarity is conducting a survey in the Public Service.

4. In this context, public officers with disabilities are invited to complete the survey form online on https://tiny.one/civilsurvey or by filling in the attached hard copy of the form. A link to the survey form is also available on this Ministry’s website.

5. The duly filled in survey form have to be completed online/submitted to this Ministry by latest Friday 29 October 2021 at the following address:

The Administrative Reforms Division,
Ministry of Public Service, Administrative and Institutional Reforms
Level 6, Wing B, SICOM Building 2,
Cnr Chevreau & Rev Jean Lebrun Streets,
Port Louis.

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6. Supervising Officers are invited to disseminate the content of this Circular Letter to all officers of their Ministries and Departments and to parastatal bodies falling under their aegis.

7. I thank you for your continued support and collaboration.

_B. Boyramboli_
_Secretary for Public Service_

_Copyright: Secretary to Cabinet and Head of the Civil Service_
PROPOSED QUESTIONNAIRE- Person with Disability

1. Purpose of Survey

The purpose of the survey is to collect disaggregated data on persons with disabilities employed in the public sector. These data would be very useful in designing training programs to sensitize public officers on inclusive decision making.

2. Definition of Disability

Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. (United Nations Convention on the Rights for Persons with Disabilities)

3. Confidentiality (All information will be in strict confidentiality)

A. PERSONAL INFORMATION

(1) Surname:

(2) First Name:

(3) Date of Birth:

(4) Gender: Male ☐ Female ☐

(5) NIC No:

(6) Residential Address:

(7) Phone: Residence: ☐ Mobile:

(8) Email Address:
### B. DISABILITY INFORMATION

<table>
<thead>
<tr>
<th>IMPAIRMENT</th>
<th>TICK AS APPROPRIATE</th>
<th>IMPAIRMENT TYPES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical (hands, leg, body, etc)</td>
<td></td>
<td>e.g Intellectual- (Autism)</td>
</tr>
<tr>
<td>Intellectual</td>
<td></td>
<td>Physical - (Cerebral Palsy)</td>
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<tr>
<td>Hearing</td>
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<td>Visual</td>
<td></td>
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<tr>
<td>Communication</td>
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<tr>
<td>Skin</td>
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<tr>
<td>Fits</td>
<td></td>
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</tr>
<tr>
<td>Cancer</td>
<td></td>
<td></td>
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<tr>
<td>Lungs (Respiratory Diseases)</td>
<td></td>
<td></td>
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<tr>
<td>Cardiac</td>
<td></td>
<td></td>
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<tr>
<td>Lupus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobility (Need Assistance)</td>
<td></td>
<td></td>
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<tr>
<td>Others (describe)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(1) Nature:  [ ] Permanent  [ ] Temporary
(2) Disability due to:  [ ] Accident  [ ] Hereditary  [ ] Congenital
(3) Disability Level:  [ ] Mild  [ ] Moderate  [ ] Severe
(4) User of Assistive Devices?  [ ] Yes  [ ] No

*If yes, name the assistive devices: .................................................................

### C. EDUCATIONAL QUALIFICATIONS

- [ ] Primary
- [ ] Secondary
- [ ] Tertiary
- [ ] Vocational

### D. JOB INFORMATION

(1) Job Title: ...........................................................................................................
(2) Ministry/Department/other Government Organisation: ...................................
(3) Place of Work: ...................................................................................................
(4) Date of joining service: ....................................................................................