



REFERRAL PROCEDURE
for the
PEOPLE 1st PROGRAMME (PIP)

'Supporting People living with Disability in relationships, protective education and sexuality'

People 1st Programme is a project of the Family Planning Association of WA (Inc.) Trading as SHQ

People 1st Programme is registered for NDIS / WANDIS

Referral to the ***People 1st Programme*** is voluntary and based upon the idea of informed consent.

It is important that the person being referred;

- Is aware of the reasons for referral
- Is willing to attend and participate
- Signs the Consent Form on Page 6

All Sections MUST be completed

IN FULL

For persons under the age of 18 years it is a requirement that parent(s) or a legal guardian consent to the child accessing the service and **MUST** attend the initial appointment with the child.

Please return the Referral Form to:

Email: info@pip.org.au

or

Post: People 1st Programme, 70 Roe Street, Northbridge WA 6003

People 1st Programme (PIP) Referral Form



1. Details of person being referred:

Name: _____

D.O.B: _____ **Gender:** _____

Address: _____

Suburb: _____ **Post Code:** _____

Phone Number: _____ **Mobile:** _____

Email Address: _____

Country of Birth: _____ **Language spoken:** _____

Aboriginal: Yes No Torres Strait Islander: Yes No

Does the client have a Guardianship order in place?

Yes No Not known

Is the client's legal guardian the Department of Communities (Child Protection and Family Support)? Yes No

If yes, the name of the Case Worker: _____

NDIS Information:

Does the client have an NDIS Plan: Yes No

NDIS Number: _____

Start Date: _____ End Date: _____

How is the Plan being managed?

NDIA-Managed

Do you give PIP permission to complete a Service Booking for 21 hours? Yes No

Self-Managed

Email address for invoices: _____

Plan-Managed

Agency managing the plan: _____

2. Details of person(s) responsible for contact to arrange an appointment or the cancellation of appointments:

Name: _____
Address: _____
Suburb: _____ **Post Code:** _____
Phone Number: _____ **Mobile:** _____
Email Address: _____
Relationship to client: _____

An appointment reminder text will be sent to **mobile number:** _____
Please tick if you **do not** want a reminder text sent.

3. Details of next of kin:

Same as above

Name: _____
Address: _____
Suburb: _____ **Post Code:** _____
Phone Number: _____ **Mobile:** _____
Email Address: _____
Relationship to client: _____

4. Details of person referring:

Same as above

Name: _____
Address: _____
Suburb: _____ **Post Code:** _____
Phone Number: _____ **Mobile:** _____
Email Address: _____
Relationship to client: _____

5. Which service location is most convenient?

- Northbridge Joondalup Mandurah*
 Albany Bunbury Busselton
 Video Conferencing

*Mandurah is an outreach location. NDIS participants will incur travel costs as per NDIS policy.

6. Please indicate the day(s) available to attend sessions:

- Monday Tuesday Wednesday Thursday Friday

7. How did you hear about People 1st Programme? _____

8. Type of disability:

9. Reason for referral:

10. Please indicate which topics you would like to cover in the sessions:

- | | |
|---|--|
| <input type="checkbox"/> Couples' counselling | <input type="checkbox"/> Hygiene |
| <input type="checkbox"/> Domestic and Family Violence counselling support | <input type="checkbox"/> Menstruation |
| <input type="checkbox"/> Pregnancy choice counselling | <input type="checkbox"/> Masturbation |
| <input type="checkbox"/> Gender and sexual Diversity counselling | <input type="checkbox"/> Inappropriate Sexual Behaviour |
| <input type="checkbox"/> Sexual Orientation counselling | <input type="checkbox"/> Cyber Safety – sexting and bullying |
| <input type="checkbox"/> Sexual Abuse counselling | <input type="checkbox"/> Friendships |
| <input type="checkbox"/> Feelings; dealing with feelings and recognising feelings in others | <input type="checkbox"/> Respectful Relationships |
| <input type="checkbox"/> Building Resilience | <input type="checkbox"/> Sex and the Law in WA & Consent |
| <input type="checkbox"/> Promotion of positive Self-Esteem | <input type="checkbox"/> Sexuality Education |
| <input type="checkbox"/> Public and Private Concepts | <input type="checkbox"/> Safer Sex Practices |
| <input type="checkbox"/> Protective Education | <input type="checkbox"/> Contraception |
| <input type="checkbox"/> Assertive Communication | <input type="checkbox"/> Men's Reproductive Health |
| <input type="checkbox"/> Puberty | <input type="checkbox"/> Women's Reproductive Health |

11. Additional information

Does the person being referred have any of the following?

Behaviours of concern: Yes No

Brief details: _____

The Positive Behaviour Support Plan **MUST** be included. (Describe what you do to manage incidents / outbursts).

Involvement in the Justice system: Yes No

Brief details: _____

Mental health issues: Yes No

Brief details: _____

Any current suicidal thoughts: Yes No

Brief details: _____

A safety plan must be included.

Any drug and/or alcohol issues: Yes No

Brief details: _____

Is the person at risk of a fall? Yes No

- A history of falls
- Is using medications that increase their risk of falls
- Experiences of unexplained dizziness, light-headedness or 'blackouts'
- Has limited mobility
- Epilepsy
- Other medical condition

Brief details: _____

The above will not discount people from receiving a service but the information provided enables us to allocate the individual more appropriately.

Consent Form

**Please ensure the Consent Form is signed by the person being referred
OR the parent/guardian if the person is under 18 years**

I _____ (Client's name)
consent to attend the People 1st Programme.

*Signature of person being referred: _____

*Signature of legally appointment guardian: _____

Date: _____