

Looking after me

Individualised support for young people and adults with disability

Personal details

Person's name	Gender	Date of birth
Phone	Mobile	Email
Address		Postcode
Name of primary carer/support person	Relationship	
Phone	Mobile	Email
Address		Postcode

Other relevant contacts: (Name/Organisation/Relationship to person)

Name:	Organisation:	Service/Role:

Relevant information:

Is this the first time True has been contacted for this person? Yes No

Details _____

Details of person's disability _____

What is the living arrangement for the person being referred? _____

Person's relationship and sexuality education needs (reasons you have contacted True) _____

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Has the person received any previous relationship and sexuality education (if yes, please describe briefly)

Preferred Package: Standard Customised Personalised

Please complete the following table

General	Abilities	Communication & Learning
Occupation/school attended:	Physical abilities:	Expressive communication:
Social life/hobbies/interests:	Self-care skills:	Receptive communication:
Brief description of general health:	Literacy:	Preferred learning style:

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Available in Toowoomba, Brisbane and on the Gold Coast

Find out more.

Phone 07 3250 0240

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Consent form

Please ensure the consent form is signed by the **person** and their **parent/guardian if the person is under 18 years of age**.

I, _____ (Person's name)

- am willing to participate in the *Looking after me* package
- understand the structure of the package
- have been informed of the topics that will be included in the package

Privacy Information

True Relationships & Reproductive Health (True) respects your privacy. Your information will be kept private and only discussed with your agreement **EXCEPT** where the law says we have to share information. See here for **True's privacy policy**.

Name of person being referred (please print) _____

Signature of person being referred _____

Name of guardian _____

Signature of guardian _____

Date _____

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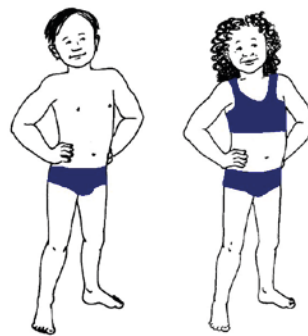
Consent to Looking After Me Program (LAMP)

True Relationships & Reproductive Health (True) runs individual education sessions called LAMP.

This means we can talk to people about



sex,



bodies

and relationships.



To be able to come to LAMP sessions **you must give consent**. This means that **you decide** if you want to come or not.

If you decide that you do want to come, then you tell us that you agree.

You can say **YES** or **NO** to LAMP.

No one can make you come if you do not want to.

If you do want to come to LAMP you can **sign below** to say that you consent.

Your name _____



Your signature _____



Today's date _____

