



REFERRAL PROCEDURE
for the
PEOPLE 1st PROGRAMME (P.I.P.)

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

People 1st Programme is registered for WA NDIS & NDIA

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 and Consent Form to

Administration
People 1st Programme
PO Box 141
Northbridge WA 6865
Telephone: (08) 9227 6414
e-mail: info@pip.org.au



People 1st Programme

Referral Form

1. **Details of person being referred:**

Name: _____

D.O.B: _____ Gender: _____

Address: _____

Post Code: _____

Phone Number: _____ Mobile Number: _____

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 Child Protection and Family Support? Yes No

2. **Details of Person(s) responsible for contact in case of cancellation of appointments:**

Name: _____

Address: _____

Post Code: _____

Phone Number: _____ Mobile Number: _____

Email address: _____

Relationship to client: _____

3. Details of Person Referring:

Name: _____

Address: _____

Post Code: _____

Phone Number: _____ **Mobile Number:** _____

Email address: _____

Relationship to client: _____

4. Please indicate the Day(s) available to attend sessions:

Mon Tue Wed Thurs Fri

5. Which Service Location is most convenient?:

- Albany Bunbury Busselton Manjimup Perth
 Video Conferencing

Client Information:

6. Type of Disability:

7. Reason for Referral:

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

- | | |
|--|--|
| <input type="checkbox"/> Couples' counselling | <input type="checkbox"/> Puberty and Hygiene |
| <input type="checkbox"/> Domestic Violence counselling | <input type="checkbox"/> Healthy Relationships |
| <input type="checkbox"/> Pregnancy Choice counselling | <input type="checkbox"/> Sex and Sexuality |
| <input type="checkbox"/> Gender and Sexual diversity counselling | <input type="checkbox"/> Building Resilience |
| <input type="checkbox"/> Sexual Abuse counselling | <input type="checkbox"/> Cyber Safety; Sexting and Bullying |
| <input type="checkbox"/> Feelings | <input type="checkbox"/> Menstruation |
| <input type="checkbox"/> Self-esteem. | <input type="checkbox"/> Masturbation |
| <input type="checkbox"/> Public and Private Concepts | <input type="checkbox"/> Women's and Men's Reproductive Health |
| <input type="checkbox"/> Protective Education. | <input type="checkbox"/> Contraception |
| <input type="checkbox"/> Assertive Communication | |

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).

Mental Health Issues: Yes No

Brief details: _____

Any current suicidal thoughts: Yes No

Brief details: _____

Any current drug & / 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 falls risk
- experiences unexplained dizziness, light-headedness or 'blackouts'
- has limited mobility
- Other medical condition

Brief details: _____

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

CONSENT FORM

***PLEASE ENSURE THE CONSENT FORM IS SIGNED BY THE PERSON BEING REFERRED**

OR

THE PARENT / GUARDIAN IF THE CLIENT IS UNDER 18

I _____ (Client's Name)

Consent to attend the initial session

*Signature of Person being referred _____

*Signature of legally appointed guardian: _____

Date: _____