



REFERRAL PROCEDURE
for the
PEOPLE 1st PROGRAMME (P.I.P.)
**'Supporting People with an Intellectual Disability in Self Esteem Human Relationships,
Protective Education and Sexuality'**

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
and
- Pay the required annual fee

Fees:

All persons wishing to obtain services delivered by the *People 1st Programme* are required to pay

\$50.00 for a 12 month membership

The fee is paid once a year and there is no limit to the number of one – one session that may be received during that time. The Educator / Counselor, in conjunction with the person being referred, will agree what is required.

For persons under the age of 18 years it is a requirement that parent(s) or a legal guardian consent to their child accessing the service.

Ensure that you return the Referral Form & Consent Form together to: -

Administration
People 1st Programme
PO Box 141
Northbridge WA 6865
Telephone: (08) 9227 6414
Fax: (08) 9227 6871



People 1st Programme

Referral Form – Client Information Sheet

1. **Is the person being referred:**

A child under 18

An Adult over 18 years

2. **Is the Person subject to a Guardianship Order? (Please provide details):**

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

Name: _____

D.O.B.: _____

Gender: _____

Address: _____

Postcode: _____

Phone Number: _____

Mobile Number: _____

Country of Birth: _____

Language spoken: _____

Aboriginal / Torres Strait Islander: Yes / No

School Attended: _____

Contact Number: _____

Day Occupation: _____

Contact Number: _____

4 **Details of Person Referring:**

Name: _____

Address: _____

_____ Postcode: _____

Phone Number: _____ Mobile: _____ Fax Number: _____

e-mail Address: _____

5. **Other Person(s) / Agency(s) involved at the current time:**

1) _____ Contact Number: _____

2) _____ Contact Number: _____

3) _____ Contact Number: _____

6. **Brief History – Reasons for Referral:**

7. Additional Information

It is imperative that we are provided with details which will assist us.

Does the person being referred have any of the following?

Behaviours of Concern: Yes / No Brief details: _____

Please include Behavior Management plan (Describe what you do to manage incidents/outbursts)

Mental Health Issues: Yes / No Brief details: _____

Have or has had suicidal thoughts in the past: Yes / No Brief details: _____

Currently receiving services or recently had involvement with the Justice System: Yes / No

Brief details: _____

Currently receiving services from the Department for Child Protection: Yes / No

Brief details: _____

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

8. **Please indicate FOUR areas that you would like to talk about in the sessions:**

- | | |
|---|--|
| <input type="checkbox"/> Promoting Self Esteem | <input type="checkbox"/> Dealing with Menstruation |
| <input type="checkbox"/> Developing and Maintaining Friendships | <input type="checkbox"/> Dealing with Masturbation |
| <input type="checkbox"/> Methods of Contraception | <input type="checkbox"/> Safe Sex Practices |
| <input type="checkbox"/> Bullying / Teasing | <input type="checkbox"/> Same Sex Relationships |
| <input type="checkbox"/> Personal Safety/Protective Behaviours | <input type="checkbox"/> Decisions relating to Pregnancy |
| <input type="checkbox"/> Personal Hygiene | <input type="checkbox"/> Cyber Safety |
| <input type="checkbox"/> Puberty | <input type="checkbox"/> Engaging in Healthy Relationships |
| <input type="checkbox"/> Dealing with Menstruation | |

Consent Form

I, _____ (Client's Name)

give permission for the *People 1st Programme* referral form to be completed by:

I am willing for the information to be discussed with other people that support me.

Yes No

Person / Agency (1): _____

Postal Address: _____

_____ **Postcode:** _____

Phone: _____ **Mobile:** _____

e-mail address: _____

Person / Agency (2): _____

e-mail / Postal Address: _____

_____ **Postcode:** _____

Phone: _____ **Mobile:** _____

e-mail address: _____

Privacy Information

People 1st Programme 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.

I have had the information on the Referral Form explained to me and would like to attend the *People 1st Programme*

Signature of Person being referred (if able) _____

OR

Signature of parent / legal guardian for people under the age of 18 years _____

Date: _____