**TEMPLATE INTAKE FORM \_ DIVERSITY QUESTIONS**

**Understanding more about your life story and experiences**

**Information and questionnaire for residents**

We are dedicated to supporting a diverse and inclusive culture across our aged care community. Our community is the people who deliver services and those who receive them. We respect the identity, culture and diversity of all people and deliver care and services that are responsive, inclusive and sensitive to everyone and importantly, support people to feel a sense of belonging.

Understanding your life experience helps us to deliver personalised care that reflects your journey and who you are as a person.

You are invited to share any information that you feel comfortable to share. It is completely voluntary.

We will use the information you share to

• Better understand the diversity within our community

• Ensure you receive individualised care relevant to your experiences

• Design services that reflect the needs and diversity of our shared community

Over the next few pages, there are a range of questions. You can answer them now, or at any time when you feel comfortable to do so.

• If you complete the form now, please provide it to the Admissions consultant today.

• If you complete the form later, please return it in a sealed envelope to Reception at your care home, addressed to the Residential Services Manager.

We have also included a short guide to descriptions and language which explains what the various identifications mean.

All information shared will be collected and stored according to our privacy and confidentiality policy.

You can

• Choose to complete this form, and the information will be included in your Care Plan

• Choose not to complete this form

• Ask for someone to talk to you about this information at a future Care Plan review.

We ask you to please nominate your option on page 4 – whether you are completing the form or not so we have a record of your choice. Thank you.

 DIVERSITY BACKGROUND IDENTIFICATION QUESTIONNAIRE

People come from all walks of life. Knowing their journey and circumstances helps us provide support that respects residents’ diverse individual histories and culture. You are invited to share any information you feel comfortable to share. It is voluntary to complete this form. If and when you complete it, please return it to either the Admissions team or you can return it in a sealed envelope to Reception at your care home, addressed to the Residential Services Manager.

The Aged Care Act 1997 outlines a range of diverse needs groups, in recognition that people who belong within these groups may at times need unique consideration as they age.

**Do you identify among any of the groups below?**

Please tick Yes or No.

 YES NO

**Do you identify as a person who spent their childhood in an orphanage or other out-of-home care situation (eg foster care, children’s home) – often known as Forgotten Australians or Care Leavers?**

YES NO

**Do you identify as a person who is Aboriginal / Indigenous / Torres Strait Islander / and/or member of the Stolen Generations (if yes, please specify:)**

 YES NO

……………………………………..……………………………………………….

**Do you identify as a person who is a veteran of the Australian Defence Force, including the spouse, widow or widower of a veteran?**

 YES NO

**Do you identify as a person who is from a culturally and linguistically diverse background?**

 YES NO

**Do you identify as a person who is from a refugee background?**

 YES NO

If there is information you would like to share about your birth country, or where you lived as a refugee, please specify:

………………………………………………………………………......................

What language are you most comfortable speaking?

Please specify: ……………………………………………………......................

**Would you describe yourself as a person who is financially or socially disadvantaged?**

 YES NO

If yes, and there is information about your circumstances you would like to

share, please specify: ……………………………….……………………………

**Are you a parent who was separated from their child/ren by forced adoption or removal?** YES NO

**Are you a person who does, or has, lived in rural, remote or very remote areas?**  YES NO

**Would you describe yourself as a person who is at risk of homelessness?**

 YES NO

**Are you a person living with a disability?**

 YES NO

**Are you a person who is living with cognitive impairment including dementia?**  YES NO

**Would you describe yourself as a person living with mental health problems and/or mental illness?**

 YES NO

**Gender - do you identify as:**

Please tick all that apply, and answer any relevant questions in the spaces provided.

Female

Male

Non-binary

Other gender – please specify: …………………………………………………..

Prefer not to answer

**Sexuality - do you think of yourself as / identify as:**

Please tick all that apply.

Lesbian

Gay

Bisexual

Transgender

Queer

Intersex

Asexual

Heterosexual

Not listed above – please specify: ……………………………………………….

Prefer not to answer

None of the above

Thank you for sharing this information. Please share any information below that you would like us to consider when it comes to meeting your needs.

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Do you have any special cultural, spiritual or religious beliefs and customs that are important for us to know? If you do, please share any information you would like us to know.

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Is there anything about your past life experiences that you would like to share in order for us to support you better? If you do, please share any information you would like us to know.

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Is there anything you need to ensure you feel safe here? If you do, please share any information you would like us to know (this could be things like the gender of the person providing you with personal care, a preference for your room door to be open or closed, preference for eating in communal areas or not)

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Are there days of significance that cause you concern? Eg Christmas Day, Mothers/Fathers Day, any significant anniversaries? How can we support you on these days?

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\_\_\_\_\_ I have completed the form and I consent to the information being included in my Care Plan

\_\_\_\_\_ I have chosen not to complete this form

\_\_\_\_\_ I would like someone to talk to me about this information at a future Care Plan review

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_