

GENDERS, BODIES & RELATIONSHIPS PASSPORT

SAMPLE ONLY

2015 HEALTHY AGEING EDITION

Personal Information *(Optional)*



This Passport aims to assist service providers and organisations in complying with their responsibilities under the Sex Discrimination Act 1984. It may also help individuals and their families to take active responsibility for their health and wellbeing.



This document belongs to:

Please use this space to include optional photographs of the owner of this document:

If found, please contact:

Or return to the National LGBTI Health Alliance:
PO Box 51, Newtown, NSW, 2042

Document registration:

Acknowledgement of Country:

We acknowledge the Traditional Custodians of Country, bear witness to their strength and resilience, and honour the Elders past and present.



Tips when using this Passport

Safety » You can increase your safety by informing your care providers about your care needs, including your medical history of any allergies and any current medications.

Respect » You have a responsibility not to harass, abuse, threaten or harm people who are providing care or services.

Participation » You should participate in decision-making about your care and make your wishes clear when possible.

Privacy » You can let your service providers know your privacy needs and concerns regarding the confidentiality of your personal information.

Comment » You can provide feedback to care and service providers about problems you experience and give suggestions for how to improve care or services in the future.

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Discrimination on the basis of sexual orientation, gender identity and intersex status is unlawful under the Sex Discrimination Act 1984 (Cth) (the Act) in a variety of areas of public life. These areas include:

- » Employment
- » Education
- » Provision of goods, services and facilities, including healthcare
- » Providing land, housing or accommodation
- » Membership and activities of licensed clubs
- » The administration of Commonwealth laws & programs
- » Requests for information

The Act protects people from **direct** discrimination; that is, treating the person less favourably on the basis of their sexual orientation, gender identity or intersex status, than someone without that attribute would be treated in the same or similar circumstances.

The Act also protects people from **indirect** discrimination; that is, imposing, or proposing to impose, a requirement, condition or practice that has, or is likely to have the effect of disadvantaging people with a particular sexual orientation, gender identity or intersex status, and which is not reasonable in the circumstances.

The Act defines gender identity and intersex status differently from how we might commonly talk about genders and bodies in everyday life. For example, the definition of “gender identity” in the Act includes aspects of gender beyond “identity”, and the phrase “intersex status” differs from the range of ways that people with various intersex characteristics/traits most commonly describe their bodies. **Use of language from the Act in this document is strategic and contextual.**

According to the Act

Gender identity means the gender-related identity, appearance or mannerisms or other gender-related characteristics of a person. This applies:

- » regardless of the sex a person was assigned at birth;
- » regardless of whether the person has undergone any medical intervention; AND
- » regardless of whether the person identifies as a woman or man or as another gender.

Intersex status means the status of having physical, hormonal or genetic features of a person that are:

- » neither wholly female nor wholly male; or
- » a combination of female and male; or
- » neither female nor male.

How to use this Passport



This Passport aims to assist service providers and organisations in complying with their responsibilities under the Act. It may also help individuals and their families to take active responsibility for their health and wellbeing.

- ✔ This booklet was developed in response to requests from a diverse range of people of trans and/or non-binary experience and people with intersex characteristics/traits who reported experiencing discrimination, exclusion, and lack of awareness about their needs in employment, accommodation, education, healthcare, and everyday life situations.
- ✔ This booklet may be used by anyone, and is designed to be particularly helpful for promoting respectful treatment of people of trans and/or non-binary experience and people with intersex characteristics/traits.
- ✔ The choice to use this booklet is always optional and should not be required of any person who does not wish to use it. If a question is not relevant to you, then you may leave it blank.
- ✔ We recognise that relevant information about people's physical characteristics, gender identity and expression may be useful in a variety of situations.

- ✔ We are aware that services and professionals who wish to be inclusive and respectful often struggle to understand how this works in practice.
- ✔ This booklet is designed to provide a clear and consistent way to store and share personal information in legal, health and social service contexts.
- ✔ Please remember that the preferences expressed in this booklet may not be legally binding. Although service providers will be guided by your preferences contained in this booklet, they may not be legally obliged to comply with your requests. Please contact the Australian Human Rights Commission regarding whether legal obligations apply to your specific circumstances.
- ✔ The information contained in this booklet constitutes personal information and may also constitute sensitive or health information. Such information is subject to privacy laws. Current information about privacy and how to make complaints in the event you think your privacy has been breached can be found at <http://www.oaic.gov.au> Office of the Australian Information Commissioner.
- ✔ We welcome your feedback, which we will consider when preparing future editions.

1.1 Gendered Language Preferences

Preferred Name:

I describe my current (non-)gender(s) as:

My preferred pronoun(s), (non-)gendered terms and title(s):

(select all that apply)

- She, her, hers, Ms, Ma'am, woman
- He, him, his, Mr, Sir, man
- Alternating between she and he
- They, them, theirs, person
- Using only my first name or nickname

Another option *(please specify)*

1.2 Accommodation and Activities Preferences

I prefer to be housed in space that is: *(select all that apply)*

- All-gender inclusive
- Women only
- Men only
- Another option *(please specify)*

If only gender-segregated accommodation or activities *(including sport, health education and social support)* are available, I prefer:

Accommodation:

- Women only
- Men only
- Another option

Activities:

- Women only
- Men only
- Another option

2.1 Police

Regardless of my (non-)gender(s) (as specified on page 10 in section 1.1), I request for all searches/physical exams to be conducted by:

- Women Men No preference

I would prefer to be detained/held with:

- Women only Solitary
 Men only No preference

2.2 Declaration of federally protected status

I disclose my: (select all that apply)

Intersex Status

Gender Identity

(including history, experience, and/or expression)

Sexual Orientation

Relationship Status

2.3 Declaration of safety and privacy concerns

I am aware that it is police policy to interview new detainees regarding their safety concerns.

(Select the box below if applicable)

- I require uninterrupted access to my hormone medication.** Failure to continue this medication will have a significant adverse impact on my health and well-being.

I understand that I have a right to receive medical attention (including medical attention related to my gender identity or intersex status) if I request it on grounds that appear reasonable to the custody manager. Information about my medical needs is provided on pages page 14-21 in Section 3 of this Passport.

I declare my concerns about: (select all that apply)

- Discrimination Physical Violence
 Harassment/Verbal Abuse Sexual Assault

I would prefer: (select all that apply)

- Clothing/uniforms and undergarments that match how I identify
 Access to private sleeping facilities
 Access to private toilet and shower facilities

Medical Care & Emergency Contact Info

3.1 Current medication(s)

I am currently on the following medication(s):

Blank text area for listing current medications.

I do not give permission for my hormones to be varied or stopped. If I am incapacitated, please refer to sections 3.7-3.8 on pages 18-21 of this passport.

WARNING:

DISCONTINUING OR CHANGING MY HORMONE MEDICATION CAN RESULT IN SEVERE PSYCHIATRIC AND PHYSICAL HARM.

3.2 Allergies

I have the following allergies:

Blank text area for listing allergies.

3.3 Medical History

Please indicate any medical conditions and/or concerns:
(e.g. chronic conditions such as high blood pressure, diabetes, asthma, etc.)

Blank text area for listing medical history.

3.4 Surgical History

Please indicate any surgical procedures and dates:

Blank text area for listing surgical history.

3.5 Social History

Please indicate your living arrangements, relationships (including any children for whom you care, whether or not you are biologically related), employment (if any), and/or study (if any):

3.6 Intimate Care Preferences

Intimate care is care associated with bodily functions (e.g. continence, menstruation), body products and personal hygiene (including dressing) which involve contact with or potential exposure of my genitals or chest.

My preferred terms:

For my chest

For my genitals

Please **DO NOT** use the following words to describe my body:

I prefer to use facilities that are designated as:
(please select all that apply)

Toilets:

- Male
- Female
- Unisex/non-gendered

Changing Rooms:

- Male
- Female
- Unisex/non-gendered

I have these additional mobility access needs:

I prefer to be bathed by/or receive intimate care from:

- Women
- Men
- No preference
- Another option

3.7 Emergency Contacts

Please contact the following person in case of an emergency:

Name

Phone

Relationship

Knows me as
*(name, gender,
etc.)*

If yes, my enduring guardian's/attorney's details are:

Name

Phone

Relationship

Knows me as
*(name, gender,
etc.)*

Location of Appointment of Enduring Guardian/Powers of Attorney document:

3.8 End-of-life Care

A. Appointment of Enduring Power of Guardianship/ Power of Attorney

I have appointed an enduring guardian or attorney:

Yes No

Do you have an advance care directive?

Yes No

Location of advance care directive:

Medical Care & Emergency Contact Info

Please note that different states/territories use different terms to describe the appointed person and the relevant documents. Information about appointing a guardian/power of attorney in your state/territory can be found online at: www.lgbtihealth.org.au/gbrpassport

B. Other Contacts

If my preferred emergency contact cannot be contacted, please contact the below people:

Name	Phone	Relationship	Know me as <i>(name, gender)</i>

Please **DO NOT** contact the following people:

Name	Phone	Relationship	Know me as <i>(name, gender)</i>

4.1 Will

I have a Will:

- Yes No

If yes, where is it located?

We recommend that you seek legal advice in preparing a Will. Contact the National LGBTI Health Alliance for referrals to legal professionals who can respect your (non-)gender(s), body, and relationships. Some legal assistance may be available pro bono, a term meaning 'for the public good' (for free or at a reduced payment).

Information on Wills and Estates can be found here:

www.lgbtihealth.org.au/gbrpassport

4.2 Burial

Are your wishes regarding your burial contained in your Will?

- Yes No

If no, my final wish is to have my:

- Funeral Arrangements Gravestone Obituary

Reflect my name(s), (non-)gender(s) and sex as:

Title(s) Do not specify

Full Name(s)

(Non-)gender(s) Do not specify

Sex Do not specify

Request For Respectful Treatment

- ✔ I request that the wishes and needs detailed in this passport be considered and, where possible, implemented in all aspects of my care.
- ✔ I request that my care be carried out in accordance with the intent of the anti-discrimination provisions of the Sex Discrimination Act 1984 (Cth).
- ✔ I request that in situations where it is unclear how to apply my wishes, that you ask me or my preferred contact listed here:

Name

Phone

Knows me as (name/gender)

- ✔ I am aware of my right to report discriminatory treatment or vilification to:

Australian Human Rights Commission

Complaints: 1300 656 419 or 02 9284 9888

TTY: 1800 620 241 (toll free) Fax: 02 9284 9611

Email: complaintsinfo@humanrights.gov.au

Free interpretation and translation services are available by contacting 13 14 50 and asking for the Australian Human Rights Commission.

Requested by *(print name)*

Date

Signature



The Australian Government recognises that everyone shares a fundamental right to basic health care. In July 2008, Australian Health Ministers endorsed the charter as the Australian Charter of Healthcare Rights for use across the country.

Your Rights under the Charter:

Access » You have the right to health care.

Safety » You have the right to safe and high quality care.

Respect » You have the right to respect, dignity and consideration.

Communication » You have the right to be informed about services, treatment and options in a clear and open way.

Participation » You have the right to be included in decisions and choices about your care.

Privacy » You have a right to personal information being kept private and confidential.

Comment » You have the right to comment on your care and to have your concerns addressed.

Further information about your rights under the Charter is available at: <http://www.safetyandquality.gov.au/national-priorities/charter-of-healthcare-rights/>

The National LGBTI Health Alliance is the national peak health organisation in Australia working to improve the health and wellbeing of lesbian, gay, bisexual, transgender, and intersex (LGBTI) people, and for sexuality, gender, and bodily diverse people and communities.

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Ordering, registration, and supplemental materials available at: www.lgbtihealth.org.au/gbrpassport

