



Genders, Bodies & Relationships Passport

2021 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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LGBTIQ+ Health Australia (LHA) uses inclusive language to accurately represent our diverse communities. LHA understands the importance of language, however in some instances external sources refers to 'identity', this language is not consistent with LHA's language guides.



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Introduction

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 or gender identity 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 or gender identity and which is not reasonable in the circumstances.

The Act defines gender identity 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.” 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, no gender or another gender.

How to use this Booklet

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 non-binary experience 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 non-binary experience.



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 [oaic.gov.au](https://www.oaic.gov.au) Office of the Australian Information Commissioner.



We welcome your feedback, which we will consider when preparing future editions.

General Information

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

Police

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)*

- ☐ Gender
*(including history, experience,
and/or expression)*

- ☐ Sexual Orientation

- ☐ Relationship Status

2.2 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) if I request it on grounds that appear reasonable to the custody manager. Information about my medical needs is provided on pages 8-9 in Section 3 of this Passport.

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

- | | |
|--|--|
| <input type="checkbox"/> Discrimination | <input type="checkbox"/> Physical Violence |
| <input type="checkbox"/> Harassment/Verbal Abuse | <input type="checkbox"/> 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):

☐ I do not give permission for my hormones to be varied or stopped. If I am incapacitated, please refer to section 3.7 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:

3.3 Medical History

Please indicate any medical conditions and/or concerns:

(e.g. chronic conditions such as high blood pressure, diabetes, asthma, etc.)

3.4 Surgical History

Please indicate any surgical procedures and dates:

Medical Care & Emergency Contact Info

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

Medical Care & Emergency Contact Info

3.7 Emergency Contacts

Please contact the following person in case of an emergency:

Name

Phone

Relationship

Knows me as
(name, gender, etc.)

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

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:

Do you have an advance care directive?

☐ Yes ☐ No

Location of advance care directive:

Medical Care & Emergency Contact Info

3.8 End-of-life Care

B Appointment of Enduring Power of Guardianship/ Power of Attorney

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 here:

1 **New South Wales**
<http://www.tag.nsw.gov.au/enduring-guardianship-forms.html>

2 **Victoria**
<http://www.publicadvocate.vic.gov.au/powers-of-attorney/184/>

3 **Queensland**
<http://www.publicguardian.qld.gov.au/adult-guardian/our-decisions/enduring-power-of-attorney2>

4

South Australia

<https://www.sa.gov.au/topics/seniors/legal-issues/power-of-attorney-and-advance-directives>

5

Tasmania

http://www.guardianship.tas.gov.au/__data/assets/pdf_file/0010/251776/Infosheet_Enduring_Guardians_Jan_2014.pdf

6

Western Australia

http://www.publicadvocate.wa.gov.au/E/enduring_power_of_guardianship.aspx

7

Northern Territory

<http://www.nt.gov.au/justice/pubtrust/app/index.shtml>

8

Australia Capital Territory

http://www.publicadvocate.act.gov.au/enduring_power_of_attorney

Medical Care & Emergency Contact Info

3.8 End-of-life Care

C

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 (name, gender)

Death and Burial

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 LGBTIQ+ Health Australia 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:
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

5.1 Requests

- ✓ 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

National Charter of Healthcare Rights

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/>

National Charter of Healthcare Rights



The Aged Care Quality Standards (<https://www.agedcarequality.gov.au/providers/standards>) are a legislated set of accreditation standards that all Australian Government subsidised aged care providers must adhere to. The very 1st Standard clearly states *“Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.”*



The Charter of Aged Care Rights (<https://www.agedcarequality.gov.au/consumers/consumer-rights>) also apply to all Australian Government subsidised aged care providers and include the right to *“be treated with dignity and respect, have my identity, culture and diversity valued and supported.”* There are a total of 14 rights in the Charter and they apply to all types of aged care. 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.



The Aged Care Diversity Framework (<https://www.health.gov.au/resources/publications/aged-care-diversity-framework>) contains **Actions to support LGBTI: A Guide for Consumers** (<https://www.health.gov.au/resources/publications/actions-to-support-lgbti-elders-a-guide-for-consumers>). This is designed to support you



to express your needs when speaking with services. It was developed through extensive consultation with LGBTI people and organisations around Australia. There is also a provider version to assist services.



The Aged Care Quality and Safety Commission is responsible for enforcing the Aged Care Quality Standards. You can access performance reports (**<https://www.agedcarequality.gov.au/reports>**) on individual aged care providers and check for any reports of non-compliance. On the Commission's website you can also make a complaint, (**<https://www.agedcarequality.gov.au/making-complaint>**) should you ever need to or call 1800 951 822.



If you need help at any point, contact an advocate. **The Older Persons Advocacy Network (OPAN)** (**https://opan.com.au/about/#about_opan**) is a national network of agencies that provide advocacy, information and education to older people. Their phone line is open 7 days a week from 6am to 10pm. Call 1800 700 600.



You are also protected by Consumer Law (**<https://consumerlaw.gov.au/australian-consumer-law>**) which applies to all types of service provision including aged care services.

Acknowledgements

LGBTIQ+ Health Australia 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.

✓ LGBTIQ+ Health Australia acknowledges Dr Y. Gavriel Ansara, Manager of Research & Policy at LGBTIQ+ Health Australia, as the primary author of this document, and acknowledges Warren Summers, Membership & Communications Coordinator, as the secondary author of this document.

✓ LGBTIQ+ Health Australia acknowledges valuable input from the organisation's Intersex, Trans and Gender Diversity Working Group, LGBTIQ+ Health Australia Staff Team, our organisational and individual organisation members, and respondents who have shared personal experiences with us for relevant national consultations. We also thank Ashurst lawyers and particularly Emma Raynor and Guk Li for legal review, Dr Ruth McNair for medical review, and NSW Surrey Hills LAC for police review.



- ✓ LGBTIQ+ Health Australia acknowledges the traditional custodians of Country throughout Australia, their diversity, histories and knowledge, as well as their continuing sovereignty and connections to land, sea, sky, and community. We pay our respects to all Aboriginal/Indigenous peoples and Torres Strait Islander peoples and their cultures, and to elders of past, present and future generations.

- ✓ LGBTIQ+ Health Australia gratefully acknowledges support for its national secretariat funding from the Australian Department of Social Services.

Notes



Notes



Please cite this document as:

Ansara, Y. G. & Summers, W. (2021). *Genders, Bodies, and Relationships Passport* [2021 Healthy Ageing Edition]. Newtown, Australia: LGBTIQ+ Health Australia.
Available at: **lgbtqihealth.org.au/diversity**

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



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