

Life Without Barriers (LWB) wants to give you every opportunity to live your best life and make choices. This Statement of Informed Choice is our way of looking at how we can support your choice and LWB meet our required obligations.



The Statement of Informed Choice is to be completed when you wish to exercise your rights and make a choice that may sit outside of LWB policy.



All parts of the form related to your choice need to be completed, signed and returned to your LWB support staff.

If you have any questions about this form. Contact the LWB staff member you feel most comfortable talking with.




Part A: Client Details:			
Name:		Date:	
Address:		DOB:	
Phone:		Email:	
Supports Received:	<input type="checkbox"/> Lifestyle Supports <input type="checkbox"/> Shared Supported Living (SSL) <input type="checkbox"/> Health Therapy Wellbeing	<input type="checkbox"/> Short Term Accommodation & Assistance (STAA) <input type="checkbox"/> Support Coordination	

Part B: Details of Person Assisting Client to Complete Form (complete as applicable)			
Name:		Date:	
Relationship to client:		Email:	
Phone:			
Details:	I Independently make my decisions:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	I have been legally appointed as a decision-maker:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	I have been nominated as a decision making support:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	What assistance have you provided in completing this form:		

	<p>ALERT!</p> <p>When filling out Part C of this form, if your choice sits in areas marked in RED. LWB requests that you contact  1800 022 222, your Doctor or Health professional for their advice.</p>
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Part C: Specific area related to identified risk		
Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please specify (for example declining to take seizure medication) Please contact  , your Doctor or Health professional for their advice
Declining Medical Treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please specify (for example regular check up with GP) Please contact  , your Doctor or Health professional for their advice
Declining Support (activities of daily living)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please specify (for example declining to Please contact  , your Doctor or Health professional for their advice
Declining Support (Medical)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please specify (for example wound care) Please contact  , your Doctor or Health professional for their advice
Participation in Activity:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please specify activity (for example solo yachting)
Use of illegal substances	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please specify (for example cannabis)
Use of legal substances	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please specify (for example tobacco/alcohol)
Declining referral to another service	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please specify (for example Allied Health)
Unsafe Actions	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please specify (for example gambling, criminal activity, wandering)
Hazard Exposure	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please specify (for example sun exposure, sharps, unsafe sex)
Environmental & Social	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please specify (for example travel/transport, stranger danger, extreme cultural or religious activities)
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please specify
Part D: LWB has worked with me to		
Explain the risk and develop a risk assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date & detail of discussion:
Tell me how my choice goes against LWB policy.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date & detail of discussion:
Help me look at different ideas and ways to support my choice	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date & detail of discussion:

Explain LWB is unable to support me with my choice. As LWB thinks the level of risk or possible harm is too high.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date & detail of discussion:
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Part E: My declaration to exercise my rights and choice:		
I understand the risks and possible harm of my choice.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I accept the risk of any harm or injuries that may happen to me due to my choice. I will not hold LWB or any of its employees neglectful or responsible for harm resulting from my choice.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I request the choices recorded in this document be respected and observed:	<input type="checkbox"/> Yes	
Client Name:		Date:
Person Assisting Client:		Date:
LWB Representative:		Date:

LWB will upload a copy of your completed Statement of Informed Choice to your CIRTS file.

Upload to CIRTS as follows:

Legal > Consents > Add New Consent > Statement of Informed Choice > SURNAME, First Name. YYYY.MM.DD

For Office Use Only:

 UPLOADED TO CIRTS	STAFF NAME:	DATE UPLOADED:	SIGNED:
Copy of completed form returned to the client	STAFF NAME:	DATE:	SIGNED: