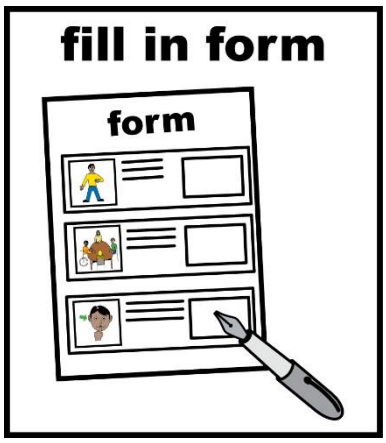
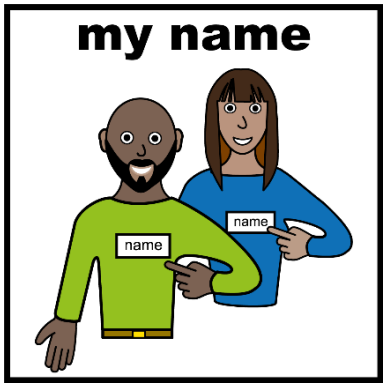
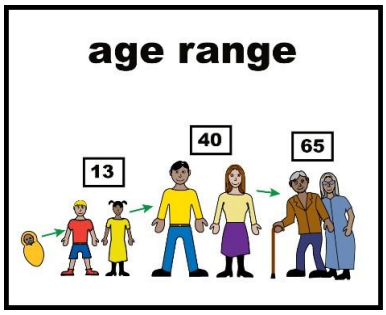






Autism In-Justice

Expression of Interest Form

About You:

Name: _____

Preferred name: _____

Your Age:

☐14 -17 years old

☐ 18 - 25 years old

Your Gender:

☐ Male / Boy

☐ Female / Girl

☐ Non-binary

☐ Another Gender: _____

What state do you live in?

☐ Western Australia

☐ Northern Territory

☐ South Australia

☐ Queensland

☐ New South Wales

☐ Victoria

☐ Tasmania

What type of area do you live in?

☐ City or large town

☐ Country town

☐ Far away from towns and services

☐ I don't know

How can we contact you?

You can give us one or both.

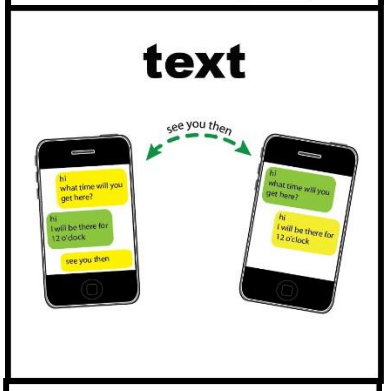
Email: _____

Phone: _____

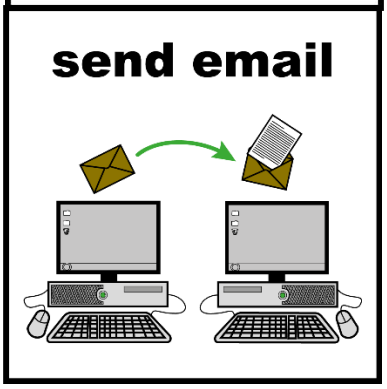
How would you like us to contact you?

Tick any boxes that are right for you.

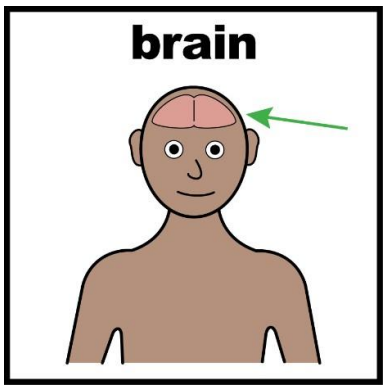
☐ Phone call



☐ Text message (SMS)



☐ Email

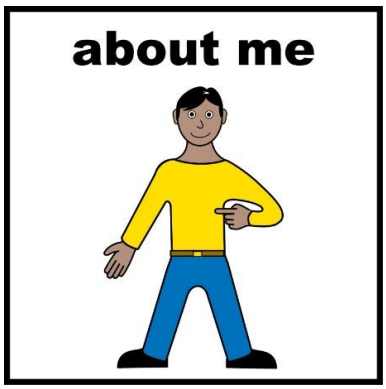


About How Your Brain Works You can choose more than one answer.

☐ I am autistic.

☐ I have been diagnosed as autistic.

☐ My brain works differently in another way (for example, ADHD).



Do Any of These Describe You?

You can choose more than one answer.

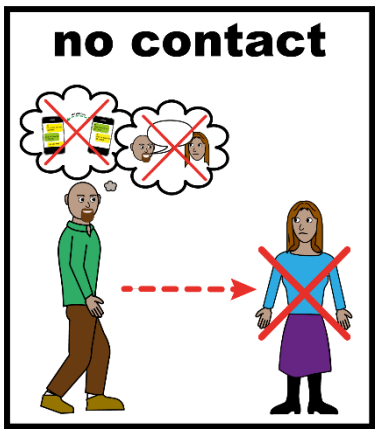
☐ Aboriginal or Torres Strait Islander

☐ I come from a different cultural or language background (CALD)

☐ LGBTQIA+

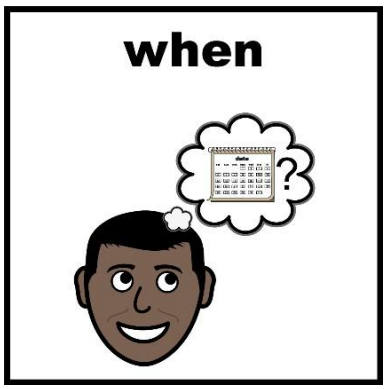
☐ I have complex or high support needs

☐ I do not use speech (non-speaker)



Who we can not talk to

We cannot talk with young people who are currently in youth detention or currently under Youth Justice supervision in the community.



When Was Your Last Youth Justice Experience? Tick one box.

☐ In the last 6 months

☐ In the last 12 months

☐ 1 to 2 years ago

☐ 2 to 4 years ago

☐ More than 5 years ago

Which of these have you experienced?

You can choose more than one answer.

☐ Courts

☐ Youth detention

☐ Community supervision

☐ Something else:

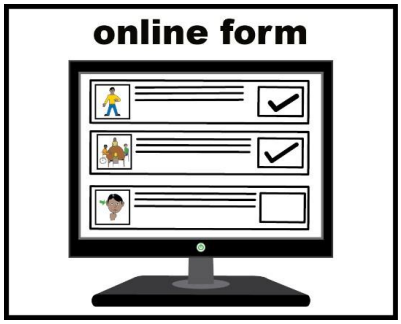
_____

How Would You Like to Take Part?

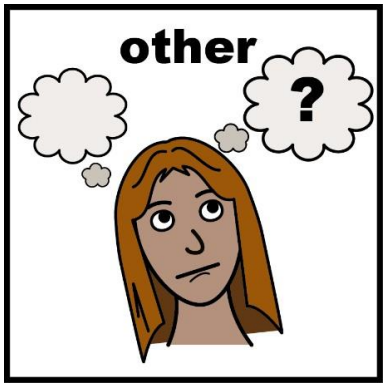
Tick any boxes that are right for you.

☐ Group activity (video call)

☐ One-on-one interview (video call)

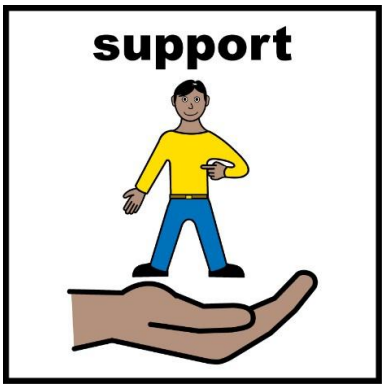


☐ Survey



☐ Other:

_____



Would You Like to Bring a Support Person?

☐ Yes

☐ No

If YES, please tell us about them.

Name

Click or tap here to enter text.

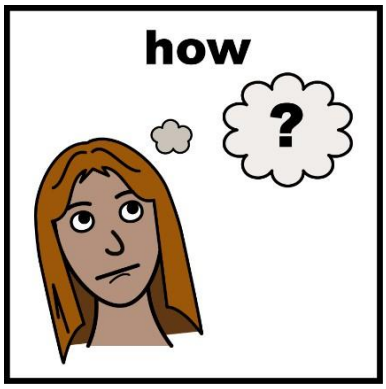
Email

Click or tap here to enter text.

How do they know you?

(for example: parent, sibling, friend, support worker)

Click or tap here to enter text.



How Would You Like Your Support Person Involved?

Tick one or more boxes.

☐ Include my support person in all emails and communication.

☐ Include my support person only for information and invitations about the activity.

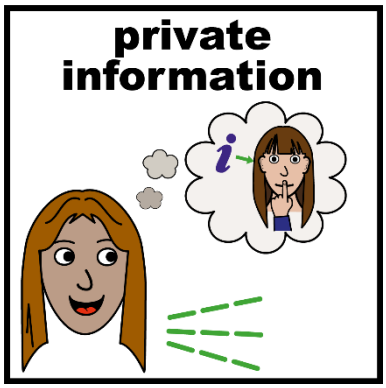
☐ My support person will attend with me.

☐ I will organise my own support.

☐ I would like to talk with Reframing Autism about getting a support person.

Emergency Contact

We will only contact this person if we are very worried that you or someone else is not safe.



We will keep what you tell us private, unless we need to share information to help keep someone safe.

Emergency Contact Details

Name: Click or tap here to enter text.

Phone number:

How do they know you?

(For example, family, friend, support worker)

Click or tap here to enter text.

This is the end of the form.

Please send this form to:

Autism.In-Justice@reframingautism.org.au