



Lesbian, Gay, Bisexual and Transgender Sexual Health Referral Directory

The LGBT Health Systems Project is establishing a Referral Directory to assist members of the LGBT community find:

- General Medical Services
- Community Support Services relating to sexual health concerns
- LGBT support and social groups

The directory focuses upon providing information on services related to sexual health and organisation and groups that specifically support LGBT people in Queensland. Information is provided on the knowledge and experience services have working with the LGBT community, addressing sexuality and gender identity issues and if LGBT resources are provided.

This project aims to improve the ability for LGBT people to access services that are experienced in addressing LGBT issues as well as specific LGBT support and social groups throughout Queensland.

Provided below is the required Referral Directory Data Entry Form that needs to be completed to be a part of the Directory. There is no charge associated with being a part of this directory.

Please return the completed form to

LGBT Referral Directory
C/O LGBT Health Systems Project

Fax: (07) 3852 5200

Post: PO Box 3142
South Brisbane BC
QLD 4101

Email: hknack@qahc.org.au

CURRENT DETAILS ON FILE:

**YOUR CHANGES, ADDITIONS
OR CORRECTIONS:**

Street Address:

Postal Address:

Phone:

Fax:

Mobile:

Email

Website:

Area Served:

Referral Method:

Hours Of Service:

Cost:

Description:

Notes:

Which of the following are targets for your service? (Please tick)

- Gay Men
- Lesbians
- Bisexuals
- Transgender (TG)
- Sister Girls
- MSM (non gay identified men)
- Intersex
- Cross Dressers
- People Living With HIV/AIDS
- People Living With Hepatits
- People with Disabilities
- Alcohol and Drug Users
- Children
- Youth
- Families
- Aged
- Indigenous/ATSI
- Culturally and Linguistically Diverse
- Migrants and Refugees
- Sex Workers
- Coming Out
- Rural
- Women

Please tick if you provide any of the following:

- Free Condoms & Lube
- Needles
- LGBT Resources
- CALD Resources
- Wheel Chair Access
- Sign Interpreter
- Language Interpreter
- N/A

Please tick if you have any of the following:

- Already have LGBT clients
- Have LBGT Resources
- Have experience in working with gender identity issues
- Have experience in working with sexuality issues
- Have training in gender identity and sexuality issues
- Members of QLD LGBT Health Network

QuAC's LGBT Sexual Health Referral Directory Data Collection Form

OPTIONAL: Please list the names of service providers who have experience or training in addressing any of the following*:

Sexuality Issues: _____

Gender Identity (Transgender) Issues: _____

HIV/AIDS Issues: _____

*** Please Note: The addition of this information aims to assist LGBT clients to directly contact service providers with experience/knowledge of Sexuality, Gender Identity or HIV/AIDS issues, encouraging the disclosure of issues that may be sensitive and extremely confidential to the client. This information is optional.**