

# TOUCHING BASE Inc

Invites you to a

## ***Professional Disability Awareness Training***

***Brisbane, Queensland, 25th November, 2008***



### **WORKING WITH CLIENTS WITH A DISABILITY**

**This workshop is reserved for sex workers and sex industry staff only.**

#### **Goals and objectives of this workshop:**

- Background the sexual rights & diverse sexuality of people with disabilities
- Understanding how discrimination may create barriers for people with disabilities
- Inform on how to arrange services through a third party, eg: personal care attendant
- Gain knowledge and skills on how to increase the accessibility of your services
- Gain skills in working with clients with various disabilities
- Increased awareness and skills on a range of Occupational, Health and Safety issues
- Increase the number of sex workers available for referrals through Touching Base
- Increased networking and support for sex workers who see clients with disabilities

- Workshop will be interactive with group activities and plenty of group discussions
- Refreshments and light lunch will be provided
- You will receive a Certificate of Attendance - in your nominated name

**When:** Tuesday 25<sup>th</sup> November 2008

**Registration:** 9.45am. **Workshop:** 10.00am - 4.30pm

**Where:** Brisbane, Queensland (exact address given after registration, to protect your anonymity)

**Cost:** \$100. Registration details on next page

**We need a minimum of 14 registrations paid by 24th October in order to ensure that this training can go ahead. Please get in early!! Places limited (max- 20)**

Between the 29th and 31st of October, Rachel - a sex worker on the Touching Base Committee - will telephone everyone who has registered to confirm your attendance. At this time Rachel will give you the exact address of the workshop and answer any final questions you may have about the workshop.

If you would like more information about this workshop, or a copy of this flyer and the registration form: please go to: <http://www.touchingbase.org/seminars.php>

**Supported by: Scarlet Alliance, People with Disability Australia Inc, Family Planning NSW**



Touching Base Inc  
Professional Disability  
Awareness Training



25th November 2008

(The day before the Scarlet Alliance National Forum 26th - 28th November), in Brisbane, Queensland

**Registration Form – please print clearly & send to:  
Touching Base Inc, PO Box 523, Newtown, 2042**

*You can register with a working name.  
All details will be kept confidential.*

Preferred Name \_\_\_\_\_

Year of Birth \_\_\_\_\_

Sex F  M  T

How did you hear about this course? \_\_\_\_\_  
\_\_\_\_\_

Country of Birth \_\_\_\_\_

Are you of Aboriginal or Torres Straight Islander origin?  
Yes  No

Language other than English used at work?  
\_\_\_\_\_

Australian Post Code \_\_\_\_\_

Ph \_\_\_\_\_

Email \_\_\_\_\_

The information and payment details given by you will only be used by Touching Base Inc.

If you **DON'T** want to be on the Touching Base Inc mailing list, please tick

Please let us know if you have any specific requirements (dietary, access, format of information. etc

**PAYMENT DETAILS:**

**Payment to be received no later than Thurs 24th Oct 2008**

You can pay by: Cheque/Money Order, Online transfer, or in person at a Westpac bank.

**CHEQUE/MONEY ORDER:** Please make payable to "Touching Base Inc" and send with this completed form to:  
Touching Base Inc, PO Box 523, Newtown, 2042

**ONLINE TRANSFER:** deposit your payment by direct transfer of funds from your online banking facility, to:

Bank: Westpac Banking Corporation,  
Newtown Branch, NSW 2217  
Account: TOUCHING BASE INCORPORATED  
BSB: 032036  
A/c No: 198676

Description for "receiver's statement": "PDAT REG".

**IN PERSON:** You can pop into a Westpac and make a direct deposit, using reference Number "1108"

Please tick as appropriate:

Payment method:  cheque/ money order  
 online transfer  
 in person at a bank

Date of payment/ transfer: \_\_\_\_\_

If you want a receipt, please tick appropriate box:

Please provide my receipt on the day of the workshop,  
 Please send receipt to:

Name on receipt: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_