Accessible Planning Tool

Glancing Back
Planning Forward
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About this guide

- This is information to help you prepare for the future

- This information will help you to make decisions so your friends, family and staff will understand your wishes

- Sometimes you make decisions that are easy like what you would like to eat

- Sometimes you make decisions that are difficult like what will I do if I get very sick

- By planning ahead you will know who will help you and they will know what you want
About this tool

- This is a planning tool to help you let everyone know what you want if you get very sick and will not get better.

- It can be filled out when you are ready to do so.

- You can change anything you write in the tool any time you want.
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The tool

Personal Details

My name is

Insert your photo here

I live in

My Carer is

Picture(s) of carer
My parent/sister/brother/key worker
If you were sick how much information would you like to know about sickness?

If the doctor had to tell you news about your health who would you like to be with you?

Name of the person

His/her phone number

If you were very sick and the doctor said you would not get better where would you like to be cared for?

- Put 1 beside your first choice
- Put 2 beside your second choice
- Put 3 beside your third choice
- Put 4 beside your fourth choice
If you were very sick is there someone from your church or religious group you would like to tell

_____________________________________________________

_____________________________________________________

Priest/Minister/Other [Name and details]
Do not have a religious preference

_____________________________________________________

Phone number

_____________________________________________________

Think and answer when you are ready

The next questions are about if you got very sick and you would not get better

Are there any things you would like in your last days of your life?

_____________________________________________________

_____________________________________________________

_____________________________________________________

_____________________________________________________

Some of these things might be:
- People you would like to see
- Places you would like to go
- Being kept comfortable
- Doing everything the doctor or nurse can think of to make you feel better
**The tool**

Are there any things you would NOT like to do in the last days of your life?

Some of these things might be:
- Going into hospital
- Doctors or nurses doing things that might be painful

Are there any things you would like to do if you were able to?

Is there any person you would like to see or talk to? Please write their name(s) and phone number(s).

Would you like to be in a quiet place or a place with activity around?

Would you like lots of visitors or just a few close friends?
The tool

Think and answer when you are ready

Questions about when you die

Would you like to make a will?  

Yes  

No

After you die are there any particular people that you would like to be told about your death?
The tool

After you die are there any clubs or groups that you would like to be told about your death?

Tell me the name of the person who you would like to make your funeral arrangements

Would you like to be buried or cremated?

- Buried
- Cremated
The tool

Where would you like to be buried?
Check with family or service re plot

[Name place and details]

Where would you like to have your ashes placed
Check with family or service re plot

[Name place and details]

Is there a particular celebrant you would like to do your funeral?

Please list anything else you would like in your funeral service or ceremony such as a favourite piece of music or poem?

[Name place and details]
I have thought about the things I want to happen at the end of my life
I have thought about the care I want to receive at the end of my life
I have talked about these things with people I trust
I have filled out this form with someone I trust
I am happy with the plans I have made on this form

Signed:
My signature: ____________________________________________________________
The signature of the person supporting me: ________________________________
Relationship of this person to me (e.g., family, friend, keyworker):

Date: __________________________

Review
I have reviewed this document with someone I trust
I am happy with changes I have made to this document

Signed:
My signature: ____________________________________________________________
The signature of the person supporting me: ________________________________
Date: __________________________
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