We assume that disability services already have established client information systems, so this Appendix contains only three forms. Each is directly related to the TTR program and to retirement planning. The forms are:

1. Retirement Lifestyle Planning form (first retirement planning meeting)
2. Retirement Lifestyle Planning form (for annual review meeting)
3. Right of return letter

A note about Retirement Lifestyle Planning

As was explained in Chapter 4 of Transition to Retirement, retirement lifestyle planning meetings are run in a very informal, conversational way so that the person with disability is comfortable. This approach should inform how you use the planning forms in this Appendix. Consider the questions listed in the planning forms to be only prompts/guidelines for conversation. Not all questions need to be asked or answered in every case. The questions should not be directed to the person one after another, like a rigid questionnaire. Instead, the conversation should flow with other questions arising naturally from the person with disability’s responses. The questions are simply conversation starters to allow you to get to know the person.

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The forms in Appendix B may be printed or copied without prior permission by the purchaser provided that the copies are used solely by the person or organisation purchasing the original publication and appropriate acknowledgement of the source is given.

The book may be purchased from Sydney University Press at the following link:
http://purl.library.usyd.edu.au/sup/9781743323274
1. Welcome

2. Developing the plan

Past lifestyle
- Where have you worked in the past?
- Tell me about growing up.
- What friends did you have? What things did you do with them?
- Have there been any important events that have affected your life?
- What activities or groups have you been involved with in the past?
- Did you play sport?
- Did you go to church?
- Did you have a pet?
- What things did you like doing at school?
- Did you have any interests or hobbies or other things that you enjoyed doing?
- Have you been to any interesting places?
Current lifestyle:
- Tell us about your family.
- What kind of activities do you do now in your spare time?
- What do you enjoy doing with friends?
- Do you have a particular hobby or collection?
- Do you play sport?
- Do you go to church?
- Are you a member of any clubs or groups?
- Do you have a pet?
- What do you like about where you work now?
- What are you good at?
- What can we do to support you?

Future goals/dreams:
- What do you hope for in your life in the future?
- If you dropped a day of work, what kind of activity would you like to do instead of working on that day?
- Would you prefer to join a community group or become a volunteer? (Give examples for both)
- What day would you like to drop from work?
- How will dropping a day at work affect your money situation? Do you know that you will receive less pay?

3. Other considerations
- Are there any health issues (e.g., epilepsy, medication, diet) that affect your day-to-day activities now?
- Do you need help with self-care (using the toilet, eating or drinking)?
- Do you need support with your mobility (walking)?
- Do you know how to catch a bus or train?
- Is there someone who could drive you to a new activity such as a community group?
- Do you have any worries about transport?
- Do you need support to learn how to travel on a new public transport route (e.g., to a new community group)?
• Are there any social behaviours or communication needs that you need support with?

• Do you have a mobile phone? Can you phone people using your mobile, without help?

• Do you look after your own money?

• How much money can you afford to spend each week on retirement activities?

• Do you know of any other issues that need to be taken into account when choosing an appropriate group?

4. Identified barriers to retirement

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

5. Goals for the next 12 months

Short-term goals
(3–6 months)

Long-term goals
(6–12 months)

6. Anything else

Is there anything else you would like to talk about to help your transition to retirement?

____________________________________________________________________

____________________________________________________________________

7. Right to return

Reminder that right of return to original work hours only applies for the first 12 months of being in the TTR program. Date when right of return is no longer available:

____________________________________________________________________

8. Close meeting and thank you
## Retirement Lifestyle Planning (Annual Review)

**Retiree name**

_________________________________

**Date**

_________________________________

### Meeting participants

_________________________________

_________________________________

_________________________________

### 1. Progress since commencement

(or last Retirement Lifestyle Plan)

- Achievements

- Are there any worries or issues that you/staff/your family have about your community group?

- What are the good things that have happened to you since you’ve joined the TTR program?

### 2. Future goals and dreams

- Would you like to drop another day from work? If so, what day and what activity would you like to do?

- Do you want to keep going to your current community group?

- What do you hope for in your life in the future?

### 3. Updating the plan

Are there any new or continuing health issues (e.g., epilepsy, medication, diet) that affect your day-to-day activities now?
• Do you need help with self-care (using the toilet, eating or drinking)?
• Do you need support with your mobility (walking)?
• Do you know how to catch a bus or train?
• Is there someone who could drive you to a new activity such as a community group?
• Do you have any worries about transport?
• Do you need support to learn how to travel on a new public transport route (e.g., to a new community group)?

• Are there any social behaviours or communication needs that you need support with?
• Do you have a mobile phone? Can you phone people using your mobile, without help?
• How much money can you afford to spend each week on new (extra) retirement activities?
• How will dropping another day at work affect your money situation? Do you know that you will receive less pay?

4. Goals

Short-term goals
(3–6 months)

Long-term goals
(6–12 months)

6. Anything else
Is there anything else you would like to talk about to help your Transition to Retirement?

7. Right to return
Reminder that right of return to original work hours only applies for the first 12 months of being in the TTR program. Date when right of return is no longer available:

7. Close meeting and thank you
01/01/2016

Dear Graeme,

Congratulations for giving the Transition to Retirement program a go. None of us can work forever so trying out some new activities while you cut down your days at work will give you a great opportunity. Hopefully you will meet some new friends and will participate in some activities that you have always wanted to try.

Within the next year, if your involvement in the Transition to Retirement program does not work out and you want to come back to work the same number of days as before, I will guarantee that you can return to your job at Sunrise Industries.

While you participate in this exciting program, if you want to talk to someone about any problems or concerns you may be having, make sure you talk to Martina Fredericks, the Transition to Retirement coordinator. You can phone Martina on (02) 1234 5678 (office) or 0412 345 678 (mobile).

Best wishes,

Stephen Valentine
Chief Executive Officer
Sunrise Industries