**Self-Referral Form**

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| **Date of Self-Referral** |  |

**Personal Information**

|  |  |
| --- | --- |
| **Name** |  |
| **Preferred name** |  |
| **Date of Birth** |  |
| **Gender** |  |
| **Home Address** |  |
| **Contact Number** |  |
| **Email Address** |  |
| **Preferred method of contact** |  |

**Emergency Contact**

|  |  |
| --- | --- |
| **Name** |  |
| **Relationship to referred individual** |  |
| **Address** |  |
| **Contact Number** |  |
| **Email Address** |  |

**Other professionals involved (if applicable)**

|  |  |
| --- | --- |
| **Name** |  |
| **Relationship to referred individual** |  |
| **Address** |  |
| **Contact Number** |  |
| **Email Address** |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Relationship to referred individual** |  |
| **Address** |  |
| **Contact Number** |  |
| **Email Address** |  |

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| **Interested in (tick all that apply)** |
| * **Arts therapies sessions**
* **Creative wellbeing sessions**
* **Career coaching**
* **Increasing independence**
* **Training (accredited)**
* **Training (non accredited)**
* **Work experience**
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**Relevant Background/History**

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| **In the box below please inform us about anything relevant to your background/history, this may include aspects such as home, family, education, work, significant events, etc** |
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| **Reason for service request / presenting issues** |
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| **Desired outcomes** |
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