**Self-Referral Form**

|  |  |
| --- | --- |
| **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** |  |

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

**Relevant Background/History**

|  |
| --- |
| **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** |
|  |

|  |
| --- |
| **Reason for service request / presenting issues** |
|  |

|  |
| --- |
| **Desired outcomes** |
|  |