



# Sense of Self Program

## Referral Form

6 Olive Street (PO Box 1759) Southport Q 4215  
Phone: 07 55 916 490 / Fax 07 55 270 259

Thank you for taking the time to apply for the Sense of Self Program funded by Disability Services Queensland. The Sense of Self Program runs one day a week over seven weeks. Each of the six weeks related to the program covers a different topic related to developing your sense of self, your self esteem and your ability to exercise self-determination over your life. On the seventh week as a group we have a graduation day trip. To complete the program you must attend five out of the six weeks of the program.

After you have completed this non-clinical support referral form, one of our friendly Sense of Self Facilitators will be in contact with you to arrange an over the phone interview and give you some more details about when the program will be running in your area.

### **Personal Details:**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

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

D.O.B. \_\_\_\_\_ Sex: Male Female (Please circle)

Home number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

### **Workshop Details:**

Where would you like to attend the Sense of Self Workshop?

- Southern Gold Coast  Northern Gold Coast

How did you hear about this workshop?

- GP  Psychiatrist  Case Manager  
 Other : \_\_\_\_\_

### **In case of an emergency, please contact:**

(please complete any of the below)

Health professional: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Family Member: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Friend: \_\_\_\_\_ Phone Number: \_\_\_\_\_

The Sense of Self program facilitators do not provide clinical support. Clinical support could come in the form of a Case Manager, Psychiatrist or GP.

Do you have someone who provides clinical support? Yes No

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Contact phone number: \_\_\_\_\_

Do you give permission for the Sense of Self program facilitators to contact this person about your application? Yes No

**Intake Interview:**

Would you like to invite an advocate to be present during your contact with our Sense of Self Facilitators to discuss the availability of our programs? *(An advocate is a person to give support, encouragement and to speak on your behalf if needed. This can be a friend, family member or an advocate from an organisation like Gold Coast Advocacy Services).*

Yes No

If yes, would you like us to contact them with a meeting time? Yes No

If yes, please provide their name and contact details.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

If you don't know someone, we can give you a contact number and/or help you to obtain an advocate.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Referrers Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

*Thank you for taking the time to complete this application ☺*

*To get this referral form back to us you can:*

- Bring it into our offices located at 22 Ashmore Road, Bundall.
- Post it to us at MIFQ, PO BOX 1759, Southport, Qld, 4215
- Or fax back to our offices on (07) 55 270 259.

One of our friendly Sense of Self Facilitators will be in touch shortly to organise an intake interview!