Fellowship House Membership Form

Applicant Details	
Name	
Address	
Phone Number:	Gender:
Date of Birth:	Country of Birth:
Main language spoken at home:	Aboriginal or TSI:
Allergies or Medical conditions	

Emergency Contact*	
Name	Phone Number

Current Supports (organisation and individuals) *	
Name:	Phone number
Type of support:	
Name:	Phone number
Type of support:	
Name:	Phone number
Type of support:	
Name:	Phone number
Type of support:	

*Please Note: To access Fellowship house and to process this application we need your permission to be able to contact your clinical support and emergency contact. To do this please complete attached Consent to store and release information form with the relevant details.

SHARING THE JOURNEY

T (08) 9842 9221
E albany@rw.org.au
A 23 Stead Rd, Centennial Park WA 6330
PO BOX 939, Centennial Park WA 6331
ABN 36 658 041 325
ARBN 600 974 712

About your Recovery

Please circle how you feel about your recovery

1. I don't know what Recovery is. ☐	2. I am starting to think about my recovery ☐	3. I am actively taking steps towards recovery ☐	4. I am achieving my goals but still have more to do. ☐	5. I have achieved all my goals. I live the best life possible. ☐

How would you describe your mental health experience?

What are your strengths and/or passions?

What are you hoping to get from Fellowship House?

What do you feel you need to: do, know, or learn to enhance your recovery?

Consent

I consent to the disclosing of my personal and health information to Richmond Wellbeing for the purpose of assessing my eligibility for receiving recovery support services.

Signature of applicant: Date:

Thank you! Our staff will be in contact soon.

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