

# Fellowship House Membership Form

## Applicant Details

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Gender  Male  Female  LGBTIQ+  Other  Decline to answer

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

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

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](mailto: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

PATRONS

Dr Geoff Gallop AC

Mr John Casson AM

Ms Diana Warnock OAM

### 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.**

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

PATRONS

Dr Geoff Gallop AC

Mr John Casson AM

Ms Diana Warnock OAM