Richmond Wellbeing
SHARING THE JOURNEY

Referral Form:
Fellowship House

About the service

Our Albany based Community Resource Centre, Fellowship House, is here to support you with access to a range of learning opportunities, social connection supports, and family carer services. Located close to the Albany CBD, Fellowship House is a place for anyone dealing with mental health distress to feel welcome, respected and believed in.

To access Fellowship House, and to process this application, we need permission to contact your clinical support and emergency contact. Please complete the attached referral form and the consent to store and release information form with the relevant details.

For further information, please visit our website ***www.rw.org.au***, call us on ***9350 8800*** or email ***intake@rw.org.au***

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Fellowship House Referral Form

Referrer details

Name		Agency/Position	
Postal Address		Postcode	
Phone		Email	

How did you hear about us?

Website
Friend/Family/Another Client
Flyer
Social Media
Radio
Advertising
Event
Google
Other:

Applicant to complete

First Name		Family Name	
Preferred Name		Date of Birth	
Address		Postcode	
Phone		Mobile	
Email			

Preferred method of contact

Text
Phone call
Email
Mail

What was your sex recorded at birth?

*Note - there is a separate question about gender

Female
Male
Another term (please specify):

How do you describe your gender?

Gender refers to current gender, which may be different to sex recorded at birth and may be different to what is indicated on legal documents.

Man or male
Woman or female
Non-binary
Prefer not to say
[I/They] use a different term (please specify):

Were you born with a variation of sex characteristics (sometimes called 'intersex' or 'DSD')?

Yes
No
Unsure/ Dont know
Prefer not to say

How do you describe your sexual orientation?

Straight (heterosexual)
Gay or lesbian
Bisexual
I use a different term (please specify):
Unsure/Dont know
Prefer not to answer

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Applicant to Complete (cont.)

Pronouns

They/Them/Theirs He/Him/His Other:
She/Her/Hers My Name/None

Relationship status

Single Divorced Self Describe:
Married Widowed
Separated Defacto

Do you identify as Aboriginal or Torres Strait Islander?

Yes - Aboriginal No
Yes - Torres Strait Islander Prefer not to Say
Yes - Aboriginal and Torres Strait Islander

Ethnicity

Visa status

Country of Birth

Do you identify as Culturally and Linguistically Diverse (CaLD)?

Yes No Prefer not to say

Main language spoken

English Other:

Interpreter required

Yes No

Children

Yes No

Source of income

Age pension Youth allowance
Carer allowance Paid work
Disability pension Department of Veteran's Affairs
Unemployment (Newstart) Other:

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Applicant to Complete (cont.)

Living

Living independently
Living with family member/carer
Other:

Hold a DVA Card?

Yes
No

If yes, what type? Gold White Other

Do you any allergies or medical conditions?

Yes
No

If yes, please provide details:

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Applicant to Complete (cont.)

Emergency Contact

Name		Phone	

Contact Supports (Organisations and Individuals)

Name		Phone	
Type of support			

Name		Phone	
Type of support			

Name		Phone	
Type of support			

Name		Phone	
Type of support			

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About Your Recovery

Please indicate how you feel:

- I don't know what recovery is.
- I am starting to think about my recovery.
- I am actively taking steps towards recovery.
- I am achieving my goals but still have more to do.
- I have achieved 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 gain from Fellowship House?

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

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Consent

Terms and Conditions

I acknowledge the information provided is true and correct.

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.

Name of consenting applicant		Date	

To submit please email completed form to our Intake Officer at ***intake@rw.org.au***