

Hearing Voices Network WA Referral Form

The **Hearing Voices Network WA (HVNWA)** is a Richmond Wellbeing program and part of the global Hearing Voices Movement. HVNWA is a resource for people living in Western Australia who hear voices and experience other unusual perceptions, offering a place for the voice-hearing community to access relevant information, education and support groups. We spread positive and hopeful messages about the experience of hearing voices and the acceptance of all individual differences.

The Hearing Voices support groups are run in various locations across Perth and are a safe place for people who hear voices, see visions, or have other unusual perceptions to come together with others to discuss how to manage and make sense of their experiences.

More information on each of these services is available on our website www.rw.org.au.

If you require assistance in selecting the right service, please contact our Intake Officer at intake@rw.org.au or 1800 742 466.

Hearing Voices Network WA 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

Interpreter required

English Other: Yes No

Children Yes No

Occupation

Source of income

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

Centrelink Number

Expiry

Living

Living independently Living with family member/carer
Other:

Do you hold a DVA Card? Yes No

If yes, what type: Gold White Other:

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Contacts

Nominated support person (next of kin/alternative contact)

Name		Relationship	
Phone		Mobile	
Email			

Do you have a case manager?

Yes

No

Name		Organisation	
Phone		Mobile	
Email			

Do you have a guardian appointed?

Yes

No

Name		Email	
Phone		Mobile	

Do you have a public trustee appointed?

Yes

No

Name		Email	
Phone		Mobile	

Do you have a GP?

Yes

No

Name		Email	
Phone		Mobile	

Which of the above is your preferred contact?

Support person

Public trustee

Case manager

GP

Guardian appointment

What is their preferred contact method?

Text

Email

Phone Call

Mail

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Support and Areas of Need

Do you have a current diagnosis/disability?

Yes

No

If yes, please provide details:

Do you currently receive support from a service?

Yes

No

If yes, where from:

Have you previously applied for Richmond Wellbeing services?

Yes

No

Are there recovery steps you are working towards?

Yes

No

Can you share them?

Are there some specific area you would like support to access i.e. education, employment, recovery planning, navigating life problems, things around the house?

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About Your Recovery

Existing relevant NDIS Plan with Hearing Voices funding?

Yes

No

NDIS Plan Number:

(PLEASE ATTACH NDIS PLAN)

Please tick how you feel about your recovery

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 all my goals, I live the best life possible

How would you describe your mental health experience and what are some of your triggers?

What are your strengths and/or passions?

What are you hoping to get from the Hearing Voices Groups?

What do 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 agree that Richmond Wellbeing may contact my health service providers to gather additional information to assist with my referral if needed.

Name of consenting applicant		Date	
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To submit please email completed form, along with required documents, to our Intake Officer at HVN@rw.org.au