

**Self-Referral Form**

**All services/activities**

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| **Personal Details** |
| Full Name |  |
| Address  |  |
| Postcode |  |
| Date of Birth (DOB) |  |
| Contact Number | Mobile: Landline: |
| Email Address |  |
| Ethnicity |  |
| GP Practice |  |
| Name of Next of Kin and mobile number |  |

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| **Which service would you like to access?****Please note: counselling is not appropriate if you are in crisis.** |
| Adult Counselling18 years + |  | Volunteering |  | Befriending Service |  |
| Teenage Girls Counselling13 – 19 years |  | Peer Support Group |  | Emotional Support Group(Counsellor led) |  |
| Your Mind Matters(Mental Health Support for 16 – 25 years) |  | Mental Health Advocacy  (16-25 years) |  | Mental Health Support Group(16 – 25years) |  |
| Activity/Interest group |  |  Legal Advice |  | Other |  |

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| **Please tell us more about what support/help we can give you.**  |

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| **Are you currently being supported by any other agencies?****If so, who is supporting you?** **Name:****Organisation:****How are they supporting you?** |

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| **Do you have any health issues?****If so, please describe what they are and any medication that you are currently taking?** |

If you are interested in the Befriending Service please return to: vbc@swanwomenscentre.org

If you are interested in Your Mind Matters, Mental Health Services for 16 – 25 year olds please return to: MHP1@swanwomenscentre.org

For all other services including counselling then please return to: cwm@swanwomenscentre.org or contact us as below.

**Updated November 2024**