



# SELF-REFERRAL FORM: 16 +



If you'd like to get some support from Voice Collective, we just need you to fill in this form so we know who you are and how to get in touch with you. We have also left some space for you to tell us a bit about your experiences - but this part is up to you. We can fill in any gaps when we meet.

**For more information, contact us:** info@voicecollective.co.uk, 020 7241 8978

## ESSENTIAL INFO (please make sure we have at least one way of contacting you)

Name:

D.O.B:

Address:

Email:

Phone:

I'd like you to contact me by:

Post

Email

Phone

Any

## HELPFUL INFO (just fill in what you're comfortable with)

1. Have you ever had any of the following experiences that those around you have not had (or not seemed to have)?

	Yes	No	Maybe
Voices/Sounds:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smells:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Touch/tactile:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	Maybe
Visions/Images:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tastes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unusual beliefs:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How comfortable do you feel talking about these experiences?

Fine  Mostly OK  A Bit Worried  Quite Worried  Really Scared

3. You can use this space to tell us a bit more about anything you're struggling with:

## WHAT YOU WANT FROM VOICE COLLECTIVE

Use this part to tell us more about what you'd like from Voice Collective. If you're not sure, don't worry - when we meet you we'll tell you more about what we offer and help you work out what's right for you.

### 4. What parts of our service are you interested in?

- |   |                          |                            |                          |
|---|--------------------------|----------------------------|--------------------------|
| Peer Support Group:   | <input type="checkbox"/> | 1-2-1 Support (in person): | <input type="checkbox"/> |
| Creative Arts Workshops:  | <input type="checkbox"/> | 1-2-1 Support (by email):  | <input type="checkbox"/> |
| Information/Resources:  | <input type="checkbox"/> | 1-2-1 Support (by phone):  | <input type="checkbox"/> |
| Support for parents, family, teachers or workers to help them understand more about voices & visions: |                          |                            | <input type="checkbox"/> |

### 5. What would you like to get out of coming to Voice Collective? (please tick)

- To other young people who hear voices or see visions
- To find new ways of coping with my experiences
- To understand why I'm having these experiences
- To get support with other issues (e.g. school/self-harm/anxiety)
- To feel better about myself
- To be listened to and feel heard
- To know where I can get the help and support I need
- To use my own experiences to help other young people
- To raise awareness of these kinds of experiences (beat the stigma)
- For others (parents, school etc) to understand more about voices

Or something else (fill in your own ideas here):

6. It would be helpful to have some alternative contact details for you. This could be a parent, carer, youth worker, supporter or someone else you trust. We will only use these if we can't get in touch with you or we're really worried about your safety:

Name:	<input type="text"/>	Tel:	<input type="text"/>
Address:	<input type="text"/>		
Email:	<input type="text"/>	Relationship to you:	<input type="text"/>

Please send this form to:

Email: [info@voicecollective.co.uk](mailto:info@voicecollective.co.uk), Call: 020 7241 8978, Web: [www.voicecollective.co.uk](http://www.voicecollective.co.uk)  
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