



SELF-REFERRAL FORM UNDER 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

IT WOULD BE HELPFUL IF WE HAD YOUR PARENT'S CONTACT DETAILS:

If you tell us it's OK to contact them, we'll send them a copy of the letter we send you. We'll also give them a call to introduce ourselves. If you don't want us to contact them, or are worried about it, let us know - we're happy to chat to you about it when we meet up.

Name:

Relationship to you:

Address:

Email:

Phone:

Can we contact them?

Yes

No

Please call me first so we can talk about it

Please send this form to:

Email: info@voicecollective.co.uk, **Post:** Voice Collective, Mind in Camden, Barnes House, 9-15 Camden Road, London, NW1 9LQ. **Phone:** 020 7241 8978 for more info.

HELPFUL INFO (just fill in what you're comfortable with - it's up to you)

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		Yes	No	Maybe
Voices/Sounds:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Visions/Images:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smells:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tastes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Touch/tactile:	<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 else that you're struggling with

WHAT YOU WANT FROM VOICE COLLECTIVE

Use this part to tell us what you'd like from Voice Collective. If you're not sure, don't worry - when we meet we'll let you know what's on 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 so they can help you: <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):