**Kindred Clubhouse Referral Form**

**What Is Kindred Clubhouse?**

**Kindred Clubhouse** is a non-clinical supportive peer-support model which is available to anyone wanting to improve or maintain their mental health through friendships and purpose.

Membership of Kindred Clubhouse is voluntary, free and without time limits. Clubhouse members share ownership and responsibility for the success of the Clubhouse and all Clubhouse roles are open to members. The daily Clubhouse work ordered day, provides routines and structure which helps to build skills, confidence, and provide steppingstones for people to re-join the wider community.

Kindred Clubhouse aims to create a place where everyone belongs and feels safe and supported.

**How Do I Become a Member?**

1. Complete a referral form. This can be done by you or someone you know (health care worker, carer, support worker. Completed forms can be returned in person at 2036 Frankston-Flinders Rd Hastings 3915 or emailed to info@kindredclubhouse.org.au
2. If you haven’t already had a Clubhouse tour prior to completing the referral form, we ask that you either walk in or book a Kindred tour by calling or emailing us. The purpose of the tour is so that you can determine if you feel Kindred is suitable for you and gives you the opportunity to ask questions to other members and staff while seeing a day in the life of the Clubhouse. Tours are also open to professionals, friends, carers and family members.
3. Following a tour and completed referral form, a staff member will complete an intake form with you. This provides us with additional information needed to support you during your time at Kindred.
4. Membership at Kindred is;
	1. Free
	2. For individuals 18 and over
	3. For those who are looking to improve their mental and emotional health

**Kindred Referral Form**

\*If you need support to fill out the referral form please contact us and we will work with you to accommodate your needs.

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| **Have you had a Kindred Clubhouse Tour?**  |
| Yes ☐ No ☐ If you have not visited Kindred please contact us to book your tour.  |
| **How did you hear about Kindred Clubhouse?**  |
| ☐Family member, relative or friend ☐Other mental health service☐Self☐Hospital☐Doctor/psychiatrist☐Support worker☐Other |
| **Your Details**  |
| Date of Birth  |  |
| Surname:  |  |
| First Name:  |  |
| Address:  |  |
| Phone Number:  |  Can we leave a message Yes ☐ No ☐ |
| Email Address:  |  |
| Preferred method of contact  | Phone: ☐ Email: ☐ Text ☐ |
| Gender  |  |
| Country of Birth  |  |
| Primary Language Spoken  | Do you need an interpreter ☐ |
| Do you identify as Aboriginal or Torres Strait Islander  | Yes ☐ No ☐  |
| **Who should we contact in case of an emergency**  |
| Name |  |
| Relationship to you  |  |
| Telephone Number  |  |
| Address  |  |
| **Do you have any allergies or dietary requirements?**  |
| Yes ☐ Please list: No ☐ |
| **Who is making this referral?**  |  |
| Referral source  | ☐Health professional ☐Doctor☐Family member☐Support worker☐Carer☐Self referral ☐Other  |
| Name of individual making the referral  |  |
| Referral company (if applicable)  |  |
| Phone number  |  |
| Email address  |  |
| **Tell us more about you**  |  |
| Please tell us why you would like to join Kindred Clubhouse  |
| Do you have any interests, hobbies or skills you would like to share with us? Please list them below  |
| What are you hoping to gain from coming to Kindred Clubhouse (check all that apply)? ☐Friendship ☐Building confidence and skills☐To feel less alone/isolated☐Talk to others who have been through similar struggles☐Find pathways to employment or volunteering ☐Education ☐Connection to my community ☐Social events/outings ☐Other:  |
| Please describe any mental and/or emotional challenges you are experiencing so we can best support you during your time at Kindred |
| **OFFICE USE ONLY**  |
| Date of first contact:  | Data entered ☐ |
| New/Returning Member New ☐ Returning ☐ | Vaccination status cited ☐ |
| Tour completed ☐ |
| Notes:  |
| Signed: Title:  | Date:  |