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**REFERRAL FORM**

SHIFT offers individual and group support for people experiencing a mental health concern.

SHIFT is based at our Bayside Brook RED centre and delivers group supports in Capalaba and on Macleay Island. Our individual support is available across the Brisbane South region. SHIFT supports are flexible and are tailored to your needs.

The SHIFT team are all peer workers who have experienced living with and working through mental health concerns. At Brook RED, we support social and emotional wellbeing and holistic recovery from mental health concerns for all people. We are welcoming and responsive to people’s needs, identities, and perspectives. We celebrate bodies, genders, sexualities, and cultures in all their diversity.

The SHIFT Program is funded by Brisbane South PHN and is available to anyone aged 18 or over and living in Brisbane South who is experiencing a mental health concern and wishes to access peer support. If you would like to access the SHIFT program, please complete the form below.

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suburb: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pronouns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How are you hoping the SHIFT program support you?**

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Brook RED offers a safe, welcoming, and recovery-focused environment, and we ask that all individuals accessing our groups or individual support contribute positively to our community.

Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send this form to the SHIFT team at shift@brookred.org.au.