



well ways helping people find better ways

Well Ways MI Recovery

Please return completed forms to:
Gavin Bussenschutt
Mental Illness Fellowship Victoria
PO Box 1204, Dickson
ACT 2602

Personal Details

TITLE: Mr/Mrs/Miss/Ms Surname: _____ Given Name: _____

Address: _____ Suburb: _____ Postcode _____

Phone (Home): (03) _____ Phone (Work): (03) _____ Mobile: _____

Date of Birth: ___/___/___ Gender: Female Male

CONFIDENTIAL INFORMATION: Mental Illness Fellowship Victoria funding guidelines require us to request the following information for statistical purposes. Your cooperation in volunteering all or some of this information is appreciated and kept strictly confidential – Thank you

Are you employed? Full Time Part time Self Employed Employer Home Duties

OR Seeking Full time Work Seeking Part time Work Not Seeking Work

Do you volunteer? Yes Who with? _____ Role? _____ No

Country of Birth: _____

How well do you speak English? Very Well Well Not Well Not at all

Do you speak a language OTHER THAN ENGLISH? Yes No

If YES, please state language/s spoken _____

Would you like an interpreter? Yes No

Are you of Aboriginal descent? Yes No

Are you of Torres Strait Islander descent? Yes No

Are you of Aboriginal AND Torres Strait Islander descent? Yes No





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Disability: No Yes

- Hearing Physical Intellectual Learning Acquired Brain Impairment
- Mental Illness - Diagnosis (if known) _____
- Visual/sight Medical Condition Other

How does this affect you and what supports do you require?

I have asked _____

_____ (name and contact details)
to be my support person throughout the program.

NEXT OF KIN INFORMATION

NAME: _____ RELATIONSHIP: _____ PHONE _____

NAME: _____ RELATIONSHIP: _____ PHONE _____

If you have a doctor or medical contact please advise below:

MEDICAL CONTACT: _____ PHONE _____

SUPPORT WORKER: _____ PHONE _____

ORGANISATION: _____

I give permission for the program leaders to contact my next of kin, support person or doctor if I am becoming unwell.

Student signature _____ Date _____



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Please think about the following questions and write down your answers in the spaces provided. These questions will also form part of the interview process.

- 1) What has been happening in your life lately?**

- 2) What are your interests (hobbies, skills)?**

- 3) What sorts of things do you want to achieve in life?**

- 4) What is your mental illness diagnosis, how long have you been diagnosed and how well are you at the moment?**

- 5) What skills or information would you like to learn from the program to help you manage your illness?**

- 6) Do you want to learn or practice any particular communication or social skills?**

- 7) What goal/s would you like the program help you achieve?**