



VOICE COLLECTIVE

Self Referral Form



The Phoenix Service's Voice Collective Peer Support Group is open to **16-25 year olds** who have experience of hearing voices, seeing visions or other unusual sensory perceptions. If you'd like to come along, please fill out this form and tell us a little bit about yourself and what you'd like to get out of the group.

You can contact us at: referrals@mindincamden.org.uk / 020 7241 8973

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

Name:

Age:

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 - 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
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 else that's going on for you (this might be a little more about your voices/visions, something you're struggling with or something else ...)

WHAT YOU WANT FROM VOICE COLLECTIVE

Use this part to tell us more about what you're hoping to get from coming to the Voice Collective Peer Support Group. If you're not sure, don't worry - we can talk about it when we meet you.

4. What kinds of things are you interested in doing at the group?

- | | |
|---|--|
| Talking about my experiences: <input type="checkbox"/> | Campaigning/challenging stigma: <input type="checkbox"/> |
| Hearing about other's experiences: <input type="checkbox"/> | Games/warm ups: <input type="checkbox"/> |
| Artwork/Something more creative: <input type="checkbox"/> | Being there & seeing how it goes: <input type="checkbox"/> |

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

- To meet other 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 develop a better relationship with the voices I hear
- To get support with other issues (e.g. college/work/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 others
- To feel more able to deal with my friends/family's reactions to my voices/visions/experiences

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: referrals@mindincamden.org.uk, **Post:** Phoenix Service, Mind in Camden, Barnes House, 9-15 Camden Road, London, NW1 9LQ. **Phone:** 020 7241 8973 for more info.