Service Enquiry – *The Wellness Initiative*

NDIS participants

Once we receive the below information, we will reach out to you with next steps. We look forward to getting to know you better and hope we will be a great fit for you and your life.

**A bit about you**

|  |  |
| --- | --- |
| Full Name |  |
| Pronouns  He/him, She/her, They/them? |  |
| Year of Birth |  |
| Contact Phone Number |  |
| Email Address |  |
| Suburb |  |
| Preferred Language |  |
| Will an interpreter be required? |  |

**Our Services**

|  |  |
| --- | --- |
| How did you hear about *The Wellness Initiative’s* peer support service? |  |
| What type of support are you looking for? | * Peer Mentoring/Peer Support * Recovery Coaching * Groups |
| What sort of things would you like help with? |  |

**Consent**

|  |  |
| --- | --- |
| Do you consent for us to store this information that you have provided us? | * Yes * No |
| Would you like to be on our mailing list? | * Yes * No |

|  |  |
| --- | --- |
| Who is completing this screening survey if not the NDIS participant?  ***(Include contact info)*** |  |

Please email this screening survey to *The Wellness Initiative* Engagement Coordinator, Milly: [**milly@wellnessinitiative.com.au**](mailto:milly@wellnessinitiative.com.au)

Milly can be reached by phone on **0402 820 969**.