



## PEER SUPPORT PROGRAM SELF-REFERRAL FORM



Please tick this box to show you have read the following paragraph:

This form is **private and confidential**. The only exception will be if the safety of a child is at risk or if there are threats of imminent harm to self or others. Otherwise, we will not share any of this information without asking for your permission. This information may be used for research purposes with all identifying information removed.

Once complete, please email form to [peer.support@bchsys.org](mailto:peer.support@bchsys.org)

|   |                    |                              |                              |
|---|--------------------|------------------------------|------------------------------|
| Date of Referral (dd/mm/yy):  |                    |                              |                              |
| <b>1. STAFF INFORMATION</b>   |                    |                              |                              |
| Name:   |                    | Pronouns:                    |                              |
| Telephone No.:  |                    | Email Address:               |                              |
| Address:  |                    | City:                        | Postal Code:                 |
| Position/Title:   |                    | Department:                  |                              |
| Job Status:   | Full-time          | Part-time                    | Casual                       |
| Other, <i>please specify</i>  |                    |                              |                              |
| <b>2. REFERRAL INFORMATION</b>  |                    |                              |                              |
| What is the best way to contact you?  |                    |                              |                              |
| Phone   |                    | Email                        | Other, <i>please specify</i> |
| What is the best time to contact you?   |                    |                              |                              |
| Morning   |                    | Afternoon                    | Evening                      |
| Why are you seeking peer support? <i>(please be as detailed as possible. maximum 5 sentences)</i> |                    |                              |                              |
| <b>3. TYPE OF SUPPORT NEEDED</b>  |                    |                              |                              |
| Emotional Support   |                    | Information/Resources        | Crisis Support               |
| Other, <i>please specify</i>  |                    |                              |                              |
| How did you learn about this program?   |                    |                              |                              |
| Coworker  | Supervisor/Manager | Peer Volunteer               | Word of mouth                |
| ThePulse  | Social Media       | Other, <i>please specify</i> |                              |