

Name: _____

Address: _____

Phone: _____

Email: _____

1. Why do you want to do the My Recovery program? *Tick all that apply*

- | | |
|---|--|
| <input type="checkbox"/> To meet new people | <input type="checkbox"/> To learn new skills |
| <input type="checkbox"/> Explore and try new things | <input type="checkbox"/> Learn what works for me |
| <input type="checkbox"/> Better connect with family and friends | <input type="checkbox"/> Be in a safe place to step out of my comfort zone |
| <input type="checkbox"/> Understand more about mental health | <input type="checkbox"/> Other _____ |

2. What recovery skills or strengths would you like to develop? *Tick all that apply*

- | | | |
|--|---|---|
| <input type="checkbox"/> Communication | <input type="checkbox"/> How to speak up for myself | <input type="checkbox"/> Discovering my story |
| <input type="checkbox"/> Other _____ | | |

3. Do you have someone who will support you through this program?

- Yes No

Why did you choose them? _____

I acknowledge that I am:

- Over 18
- Living with mental health challenges or other related issues (trauma, alcohol and/or other drug issues)
- On my own journey of recovery
- Prepared to access support during the My Recovery program
- Prepared and willing to commit to attending all 10 sessions of the program

Signature: _____

Date: _____

What is the start date of the My Recovery program you wish to attend? _____

Are there any barriers which may get in the way of you doing My Recovery?

- | | | |
|--------------------------------------|-------------------------------|--|
| <input type="checkbox"/> Transport | <input type="checkbox"/> Kids | <input type="checkbox"/> Work or other commitments |
| <input type="checkbox"/> Other _____ | | |

Would you like someone to contact you about this and see if we can help you take part ?

- Yes No

Submit your expression of interest to PLEPproject@ntmhc.org.au
You will be contacted to confirm receipt and your enrolment.