

Marcus Mission

Participant Referral Form



Program	Marcus Mission	Date:
Email to:	marcusmission@wmq.org.au	
Referring Organisation's details		
Organisation's Name:	Contact Name:	
Email:	Contact Number:	
Personal details		
Title:	Date of birth:	
Surname:	Given names:	
Address:		
Email:	Best Contact Number:	
Does the person identify as Aboriginal or Torres Strait Islander?		
Suitability Information		
Marcus Mission empowers men to become more resilient through peer mentoring from men who volunteer their time to support other men, as well as resilience building workshops.		
Is the man being referred interested in:		
• Peer mentoring?		<input type="checkbox"/>
• Resilience building workshops?		<input type="checkbox"/>
• Both peer mentoring and resilience workshops?		<input type="checkbox"/>
Suitable referrals		
1. Men who are ready to make positive life changes		<input type="checkbox"/>
2. Men who are either accessing clinical or specialist support where this is required or are willing to do so if needed.		<input type="checkbox"/>
Please comment:		

Q1. Marcus Mission empowers men to become more resilient. Can you share how this approach fits the person you are referring?

Q2. What support networks does the person you are referring have in place? (Please note that our Volunteer Peer Mentors are not health professionals, so it is essential that professional support is available where required).

Q3. What changes would the person you are referring like to have in their life through accessing a peer mentor?

Q4. Can you share with us, the current mental health experience or diagnosis of the person you are referring?

Q5. Have you developed a safety plan with the person you are referring? If you have consent, please share with this referral.

Q6. Any other information that would helpful for us to identify a suitable mentor to connect the person being referred?