



Application for jigsaw Peer Support Services



8 Hickory Ave, PO Box 21-865,
 Henderson, West Auckland
 Tel. (09) 837 5240 Fax.(09) 836 6341
 E-mail. admin@walsh.org.nz, www.walsh.org.nz

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|---|--------------------------------|--------------------------|----------|
| Name: | | NHI Unique Number: | |
| Address: | | Phone Number/s | |
| Suburb: | | | |
| City: | | | |
| Date of Birth: | | Gender: MALE / FEMALE | |
| Ethnicity: | | Iwi: (if applicable) | |
| Reasons for application – how can jigsaw Peer Support Services support you in your recovery? Please tick boxes below ✓ | | | |
| Group support | <input type="checkbox"/> | Social/Leisure interests | Other/s: |
| Health and wellbeing | <input type="checkbox"/> | Community linking | |
| Achieve practical goals | <input type="checkbox"/> | Develop personal skills | |
| Is using drugs and alcohol an issue? YES / NO Would you like support with this issue? | | | |
| Are you currently smoking YES / NO Would you like support in giving up YES / NO | | | |
| Are you currently employed YES / NO If yes, are you employed FULL-TIME / PART-TIME / CASUAL | | | |
| G.P Name: | | G.P Phone Number: | |
| G.P/Medical Centre Address: | | | |
| Do you access to any other services (e.g. CADS, DHB clinical services): | | | |
| PRIVACY STATEMENT: <i>All information in this referral remains confidential and would only be shared with your consent.</i> | | | |
| Applicant Signature: | | Date: | |
| Document No. PS R | Implementation Date: June 2011 | Authorised by: Q&SDL | |
| Version # 1 | Review date June 2013 | | |

Applicant Information

Jigsaw is a **Peer Support** service within WALSH Trust and provided by people who have their own experience of mental health issues and recovery. It is freely entered into by the person seeking support and is funded by the Ministry of Health so there is no charge for this service.

Our aim is to provide an opportunity to identify new ways of looking at life, of thinking and of behaving. We do this by challenging each other to move beyond our stories and patterns while at the same time being respectful of our experiences and identifying our strengths.

Peer Support is about having confidence in your ability to figure out solutions yourself. Peer Support is also about supporting and challenging each other to move towards the life we want (Shery Mead Consulting, 2009).

Peer Support is not about being a 'paid friend' although we relate in a friendly manner and it's not about 'what's wrong' with you or 'a diagnosis', but about 'you as a person' and what you need or want. It's not about us 'taking care' of you or just listening to your problems and then providing you with solutions.

We believe in the potential of people to recover and take cover of their own lives. There is an atmosphere of hope and celebration.

If you meet the following criteria;

- Reside in West Auckland (some exceptions may apply)
- Have experience of a major mental illness (Axis 1 diagnosis)
- Aged between 17 – 65

You can access the service by completing this application form and returning it to:

jigsaw Peer Support Services
8 Hickory Ave, Henderson, West Auckland
or PO Box 21-865, Henderson, 0650
or fax: (09) 8366341

We will acknowledge your application in writing within seven working days of receiving it. If your application meets the criteria we will contact you as soon as possible to make arrangements to meet with you, and any other supports you may want to bring along. At the meeting we will discuss your support needs, tell you about the service and come to a mutual understanding of how we can work together. The information discussed at this meeting will help you to make the decision on whether Peer Support is right for you at this time.

If you have any questions regarding your application please contact the Peer Support Team Leader: Telephone: (09) 837 5240 Extension: 220.

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