

## Graceville DBT Skills Training Program Referral Form

**The following criteria must be met to be eligible to participate in Graceville’s DBT Skills Training Program:**

- Participant must have a strong commitment to the DBT therapy and undertake a written commitment to participate in the entire 24 week program including group skills training, one on one individual therapy sessions and phone support.
- A participant’s mental health concern should include difficulties with emotion regulation and/or features of Borderline Personality Disorder.
- Participant to be committed to only one DBT or similar program at a time.
- Participant to be willing to undertake assessment and commitment screening.
- Participant must be willing to meet payments as required.

**Program Content:**

24 weeks of weekly 2.5hr group DBT skills training sessions covering

- Mindfulness
- Distress Tolerance
- Emotion Regulation
- Interpersonal Effectiveness

24 weeks of weekly 50mins of individual DBT therapy sessions

24 weeks access to 24/7 DBT phone coaching

**Program Costs:**

There is a \$600 cost and payment options available for Graceville’s DBT Program

- Option 1- FULL payment. Total cost \$600. Non-refundable and paid 7 days prior to 1<sup>st</sup> group session
- Option 2- Subsidised place. Total cost \$600. Payable through weekly/fortnightly direct debit. This will be discussed further at pre commitment. Non-refundable and initial direct debit payment to commence 7 days prior to program commencement.

***It is important for your application that you provide as much information about yourself as possible. Please complete all sections of this form with as much detail as you can.***

**Participant’s Details**

Full Name:	
Preferred Name:	Gender/Sex:
Address:	
Email:	
Telephone:	Mobile:
Best time to Call:	Is it ok to leave a message?: YES / NO
Date of Birth:	



Please add any further information that you would like us to know:


**Please attach any relevant supporting documentation to this referral (eg: risk assessment, discharge summary etc)**

**PAYMENT OPTIONS**

**Please indicate by a tick which payment option you would like.**

- Option 1 - FULL fee for Service - \$600.
  
- Option 2- \$600 payment plan via direct debit

**Statement of Understanding and Participation**

Please ensure all of the following items are checked off BEFORE submitting this application.  
(Please tick each item):

- I am willing to actively participate in a 24 week DBT Skills Training Program.
  
- I agree to attending group skills training sessions and individual therapy sessions each week and will notify the Graceville DBT Skills Training Program Facilitators/Therapist if I am going to be absent for any reason.
  
- I agree I am responsible for all payments as required and agree to pay all invoices within the required timeframe
  
- I agree to attend all group skills training free from the influence of illicit drugs or alcohol.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Participant Checklist**

Please ensure all of the following items are checked off BEFORE submitting this application.  
(Please tick each item):

- All sections of form are fully completed.
- Form is signed (below) by referring person (if applicable).
- Payment options are chosen.

**Referral Source** (If self-referred please disregard)

Relationship to Client:		
Full Name:		
Name of Service:	Address:	
	Email:	
Phone:	I've obtained consent for this referral	YES/NO
The client is aware that Graceville DBT is a fee for service program.	YES/NO	

**Please email completed referral to [intake@lutheranservices.org.au](mailto:intake@lutheranservices.org.au)**

