

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. This equates to \$25 per week. .

- Option 1- Full payment. Total cost \$600. Non-refundable and paid 7 days prior to 1st group session
- Option 2- Payment plan. 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:	

Participant's History

NOTE: The purpose of the history questions below is to assist the Graceville DBT Skills Training Program Facilitators to ensure that we are able to provide the best possible support for you during the DBT Skills Training Program. Answering "Yes" to any of the below questions does not mean you are ineligible for the program.	
Do you have a history of suicide attempts? If Yes, date of the most recent attempt:	YES / NO
Do you have any history of actual or attempted self-harm?	YES / NO
Do you have suicidal thoughts? If yes, how frequently?	YES / NO
Do you have any history of drug and/or alcohol misuse?	YES / NO
Do you have any history of violence and/or aggressive behaviour?	YES / NO
Have you been hospitalised in the past year for mental health reasons? If yes, please provide the date of your most recent admission:	YES / NO
Are you currently taking any medication to manage your mental health?	YES / NO
Are there any side effects from your medication that will impact your ability to participate on the program? If there are side effects please specify:	YES / NO

Please provide full details if you answered 'Yes' to any of the participant's history questions:

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

Privacy Collection Notice

Privacy is important at Lutheran Services, and we comply with the Privacy Act. Lutheran Services* is committed to protecting the privacy of individuals and their personal information and complies with the Commonwealth Privacy Act 1988.

This Privacy Statement explains your rights and our approach to privacy. Please read it carefully as it explains how we collect, use, and disclose the personal information you provide to Lutheran Services.

1. Lutheran Services* is the party who is collecting your personal information.

2. If you need to contact us about privacy and your personal information you can:

- Email us at privacy@lutheranservices.org.au
- Write to us at PO Box 1535, Milton 4064, Queensland, Australia
- View our process at lutheranservices.org.au

3. We collect different types of personal information depending on the nature of our engagement with you from a number of different sources including:

- Directly from you.
- From your authorised representatives, including your family, your attorney appointed under an Enduring Power of Attorney, friends, medical practitioners, or hospitals.
- From outside sources and third parties.

We may collect credit information about you:

- From your guarantor listed on your agreement (if applicable).
- From service providers who assist us to provide our services to you or process your payments to us—including IT service providers, contractors, and sales consultants.
- From third parties connected with the sales and after sales process including ecommerce services and financial institutions.
- In instances where we are required by law to collect information without notifying you.

6. Your personal information may be disclosed

4. We collect your personal information for a number of purposes including:

- To provide you with our services.
- To assist you to make decisions relating to your care and health.
- To process Medicare and NDIS claims on your behalf.
- To administer onsite medical treatment.
- To contact next of kin or appointed attorney in an emergency.
- To process payments including debt collection and refunds.
- To handle enquiries and complaints.
- To help us improve our internal processes and systems.
- To meet regulatory, legal, and legislative requirements.
- To provide you with relevant updates or services.
- To provide notices regarding fundraising opportunities.

You acknowledge and agree to your personal information being collected and used for and in connection with these purposes and any other purpose described in our Privacy Policy.

5. If we do not collect personal information about you:

We may be unable to provide you with healthcare or other services, process your enquiry, complaint or Medicare or NDIS claim, or supply you with information.

to the following classes of people:

- Lutheran Services related entities.

- Medical, clinical and pharmacy partners who assist us to care for you.
- Third party service providers including marketing, sales, and IT service providers.
- Third party service providers including payment-related, financial, and legal institutions.
- Our contractors and agents — including third party providers of bill/credit services.
- Guarantors and referees listed in your agreement.
- Courts.
- Any other organisation where the disclosure will lessen a serious or imminent threat to somebody's life or health.

7. Opting out of direct marketing

- If you no longer wish to receive direct marketing communications from Lutheran Services (including email, SMS, phone or mail relating to fundraising, events or other marketing activities), please email [**contact@lutheranservices.org.au**](mailto:contact@lutheranservices.org.au).
- We may send you direct marketing where you have provided consent, where consent can reasonably be inferred, or where it is reasonable to expect contact based on your previous interactions with Lutheran Services.

8. We have a process if you wish to access and correct any of your personal information or make a complaint about the way we have handled your personal information.

This can be found on our website [**lutheranservices.org.au**](http://lutheranservices.org.au) or you may request a copy by contacting us using the details above.

9. By continuing to seek our assistance, you give your voluntary express consent to Lutheran Services collecting, using, storing, disclosing, and disposing of your personal information in this manner.

*** Who is this Privacy Statement about?**

Lutheran Church of Australia Queensland District (Lutheran Community Care) trading as Lutheran Services ABN 47 291 464 804 (Lutheran Services, we, us, our) is committed to protecting the privacy of individuals and their personal information and complies with the Privacy Act 1988 (Cth) (Privacy Act).