

Ethnic Minority Well-being Centre Referral Form

The Ethnic Minority Well-being Centre serves those in the Ethnic Minority community who would like to talk to a counsellor about their mental well-being.

Applicants of our counselling service must be:

- Identify as an Ethnic Minority
- Speak English, Hindi, Urdu and/or Nepali
- A Resident of Hong Kong;
- Be aged 18 or above

Applicants will be required to complete a phone assessment to determine whether our counselling services are suitable for them. Applicants should commit for 6-12 counselling sessions.

If you would like to refer any individuals to our service, Please complete this referral form and send it to emwbc@zubinfoundation.org. We will get back to you within five working days.

PARTICULARS OF THE APPLICANT:

First Name		Last Name
Gender (M/F)		Age
Spoken Languages (Native)		
Spoken Languages (Fluent, if any)		
ls the Applicar Hong Kong?	nt a resident of	Yes No
Telephone Number (mobile)		Telephone Number (home)
Diagnosis/ Suspected Me Health proble (if any)		



Is the Applican structured psyc psychiatric help	- Y	es No		
If yes, from where?				
Details of any emotional, psychological or behavioural problems that warrant special attention (if any)				
INFORMATIO	N OF APPLICANT'S CARER/F	AMILY MEMB	ER:	
First Name		Last Name		
Telephone Number (mobile)		Telephone Number (home)		
Spoken Languages				
Relationship w Applicant	ith			
_	g the intake interview, should varer/Family Member first?	ve contact the .	Applicant directly or the above	
Yes	No			
Referral Summa	ary (e.g. client's condition, purpo	ose of counselli	ng, any specific requirement, etc.)	



INFORMATION OF REFERRING UNIT:

Name of Refe	errer:		
Job Title:			
Organisation Name:			
Address:			
Contact Number:			
Other Remarks:			
For any er	nquiries, please contact us at emwbc@zubinfoundation.org or WhatsApp the Ethnic Minority Well-being Centre hotline at 9682-3100. We will get back to you as soon as we can.		
Thank You			