

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 should:

- Identify as an Ethnic Minority
- Speak English, Hindi, Urdu, Nepali and/or Tamil
- Be 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@zubinfooundation.org. We will get back to you within five working days.

PARTICULARS OF THE APPLICANT:

First Name Last Name

Gender (M/F) Age Is the Applicant a resident of Hong Kong? (Yes/No)

Spoken Languages

Telephone Number (mobile) Telephone Number (home)

Reason for Referral (any emotional, psychological, or behavioural problems?)

Is the Applicant receiving any structured psychological or psychiatric help? (Yes/No) If yes, from where?



ETHNIC MINORITY WELL-BEING CENTRE

An initiative of the Health Bureau, the HKSAR Government

INFORMATION OF APPLICANT'S CARER/FAMILY MEMBER:

First Name Last Name

Telephone Number (mobile) Telephone Number (home)

Spoken Languages

Relationship with Applicant

For scheduling the intake interview, should we contact the Applicant directly or the above Applicant's Carer/Family Member first?

☐ Yes, contact the applicant

☐ No, contact the carer/family member

INFORMATION OF REFERRING UNIT:

Name of Referrer:

Job Title: Contact Number:

Organisation Name:

Address:

Other Remarks:

For any enquiries, please contact us at emwbc@zubinfoundation.org or WhatsApp the Ethnic Minority Well-being Centre hotline at [9682-3100](tel:9682-3100).

We will get back to you as soon as we can.

----- Thank You -----