

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	- T E	es No	
If yes, from where?			
Details of any en	motional, psychological or behav	vioural problem	ns that warrant special attention
INFORMATIO	N OF APPLICANT'S CARER/FA	AMILY MEMBE	≣R:
First Name		Last Name	
Telephone Number (mobile)		Telephone Number (home)	
Spoken Languages			
Relationship w Applicant	rith		
_	g the intake interview, should wa arer/Family Member first?	e contact the A	Applicant directly or the above
Yes	No		
Referral Summa	ary (e.g. client's condition, purpo	se of counsellir	ng, any specific requirement, etc.)



INFORMATION OF REFERRING UNIT:

Name of Referrer:	
Job Title:	
Organisation	
Name:	
Address:	
Contact Number:	
Number:	
Other	
Remarks:	
For any enquir	ies, 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