

Peer Support Referral Form

The Peer Support Programme is a voluntary assistance program, which is designed to assist students with any concerns they have regarding their personal or study life. Peer Supporters offer support based on the principals of listening, sharing experiences and having an equal relationship rather than providing expert or clinical advice. Our peer support programme includes general student peer support, queer* peer support and peer support for students with diverse cultural and multi-ethnic backgrounds.

Please complete this form if you wish to attend, or you are referring someone to, the OUSA Peer Support Service. Please answer the questions as fully as possible so we have all the information we need to provide you, or the person you are referring, with the right support. Any information provided in this form will remain confidential.

Personal Details	
Name	
Student ID number	
Date of Birth	
Gender	
Pronouns, e.g. she/her, he/him, they/them, don't know	
Ethnicity	
Address	
Mobile number	
Email address	
Referred by (include name and telephone number)	
Date	

* 'Queer' is a term used to describe the many variations of sexual attraction, sex and gender identity, such as intersex, transgender, genderqueer, asexual, fa'afafine, takatapui, lesbian, bisexual and gay. Although it may not be the preferred term for everyone, it is used to challenge binary representations of sexuality, sex, and gender.

Office Use Only:

Date referral received:

Received By:

Please tell us why you are interested in Peer Support. What are you interested in achieving? What do you want to get out of your peer support sessions?

Tell us a little about yourself to help us match you with a peer supporter e.g. subject studying, hobbies, where you're from etc

Are there any needs that it would be useful for us to be aware of? (e.g. Epilepsy, mobility, hearing, visual, literacy, language etc...)

Is there anything else you would like to tell us to help you get the most out of the service?

Please sign to confirm the information you have given is true to the best of your knowledge.

Signature:

Referrer signature (if not a self-referral):

Date:

Please return this form marked "Private and Confidential" to:

OUSA Student Support Centre
5 Ethel Benjamin Place
P.O. Box 1436
Dunedin, 9054
Email: help@ousa.org.nz

For more information on the OUSA Peer Support Programme please email:
help@ousa.org.nz or phone 479 5449

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