**PERSONALITY DISORDER & COMPLEX NEEDS**

**PEER SUPPORT GROUP**

Expression of Interest Form – Client use

The Peer Support Group is open to anyone who may have a formal diagnosis of Personality Disorder and/or have complex emotional needs that may meet diagnostic criteria. Please note, we request the completion of this form to ensure that the groups function will match your presentation and individual needs. The group provides networking opportunities and the chance to share experiences with peers.

This group can be accessed for up to 12 months.

***Please note that all fields need to be completed for the form to be actioned.***

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| **Your Full Name:** |  |
| **NHS Number:** |  |
| **Locality/Area:** |  |
| **Email Address:** |  |
| **Contact Number:** |  |
| **Date of Birth**  |  |
| **Name of Team currently open to (if applicable):** |  |
| **Key worker/care co name & contact:** |  |
| **GP Surgery:** |  |

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| **Please provide a brief overview of your presenting difficulties:** |

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| **What do you hope to gain from attending the group? Do you have any particular strengths or interests?** |
| **Any other comments:**  |