



Overview

This is the application form for applying to the Dialectical Behaviour Therapy (DBT) Intensive Treatment Centre at Te Whare Mahana (TWM)

For more details about who our service benefits most, including eligibility criteria, please visit:
<http://www.twm.org.nz/dbt-residential-programme>

Please note:

It is essential that you have a DHB Clinician or an ACC approved clinician making a referral on your behalf before you complete this application form. At this time we can only offer a placement if you have DHB/ACC funding approved and a primary clinician to support your application.

To help to determine if our DBT service is a good fit, we consider:

1. This application form; you can complete this alone or with any support person you choose.
2. A referral form and summarised history completed by your DHB Clinician or ACC approved clinician, please speak with them directly.
3. A physical health report from the GP including medication/treatments.
 - If you work with a psychiatrist, we will need their agreement to continue involvement.

Please note we only accept application forms alongside the referral information your primary clinician supplies to us. Completed applications can be couriered, faxed or emailed to:

DBT Intensive Treatment Centre, 163 Commercial Street, Takaka 7110 | 03 525 7105 | twm@tmw.org.nz

DBT Intensive Treatment Centre – Application Form

About you	Please provide these details about yourself.		
First name		Date of birth	
Last name		Gender	
Preferred name		NHI Number	
Ethnicity <small>You can choose more than one</small>	NZ European/Pakeha		Hapu / Iwi Affiliation
	Maori		
	Pacific Peoples		
	Asian		
	Middle Eastern/Latin American/African		
	Other (please state):		
Address			
Email			
Phone / Mobile			

Your health	Please let us know any physical health issues you have, including any medication.

Diet	Please let us know any food allergies or special dietary requirements you have, e.g. gluten or lactose intolerance etc.

Your goals	Let us know a little about what you hope to achieve and things you've tried already.
1. In your own words, why are you applying to come to the DBT Intensive Treatment Centre?	
2. What do you already know about DBT?	
3. What are your goals for participating in our DBT service?	
4. Have you tried a residential treatment service before? If you have, let us know about your experiences and any thoughts or concerns you may have.	
5. What do you plan to do when you finish our programme?	

AUTHORISATION AND SIGNATURE

Please read through the following statements and sign below:

- I am applying to participate in the DBT Intensive Treatment Centre service.
- I authorise DBT Intensive Treatment Centre to access information from providers of past and current treatment or medical providers, and/or my emergency contact person.
- I understand that the information I have provided is required to assist with the referral process.
- I understand that DBT Intensive Treatment Centre will also need to share some of this information with our GP Liaison at Golden Bay Community Health in order to obtain approval for an out of area patient to join the programme.
- I understand that all information will be handled according to The Privacy Act and will be kept confidential at all times.

Name	Please print/type	Signature	Date

Thank you for taking the time to complete our application form.

Please note we only accept application forms alongside the referral information your primary clinician supplies to us. Completed applications can be couriered, faxed or emailed to:

DBT Intensive Treatment Centre, 163 Commercial Street, Takaka 7110 | 03 525 7105 | twm@tmw.org.nz