



'Mind your Mind'

focus on your inner development

Expression of interest form

This is a 9 week program designed to help you develop a greater insight into your mental health.

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Date of Birth: (dd/mm/yyyy) _____

Gender: Male

Female

Other

Diagnosis (optional): _____

Parent/Guardian's Details (if applicable)

Name: _____

Phone number: _____

Do you currently have NDIS funding?

Yes

No

I have applied

What time of day would you prefer to attend the program?

Morning

Afternoon

Evening (out of hours)

Please return to Pathways to Recovery: 1/25 Wiltshire St Salisbury SA 5018, or email to kat.lee@pathwaystorecovery.com.au . Call 8281 3626 for more details.