**FESSN COVID-19 check-in service – self referral form**

Please complete this referral form if you would like to receive a call from the FESSN COVID-19 check-in service.

If you are referring someone else, please complete the [FESSN COVID-19 check-in service – leader and peer referral form](https://www.qfes.qld.gov.au/sites/default/files/2022-01/COVID-Check-In-Service-Leadership-Peer-Referral_0.docx).

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| **Section A – Your details**  |
| Name  |  |
| Service | QFES | FRS | RFS | SES |
| Region  |  |
| Position/role |  |
| Phone/mobile number |  |
| **Section B – Reason for referral**  |
| What are your current circumstances (e.g. currently required to quarantine, high risk/vulnerable, isolated) |  |
| **Section E – Consent**  |
| Do you provide consent to receive a call from the FESSN COVID-19 check-in service? | Yes | No |
| If you have preferred contact time or day, please provide details here: |

Please email completed referral form to FESSN@qfes.qld.gov.au