**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](mailto:FESSN@qfes.qld.gov.au)