

**MPA Peer Support Program - Referral Form (hard copy)**

**Patient / Client Details**

By completing this form, you consent to MPA adding your details to our confidential database & being contacted by our team relating to our Peer Support Program

Patient/ Client First Name	
Patient/ Client Last Name	
Preferred Contact Number	
Email Address	
State of residence	
Melanoma diagnosis (if known)	
Current treatment / management plan	

**Support Program Requested**

**Peer Support Group:** Group of people affected by melanoma meeting in your region / community to share experiences and provide mutual support (face to face virtual)

**Peer Support Program – Connect:** Connect with a volunteer for one-on-one telephone support from a person who has had a similar experience of melanoma

**\*\* Please complete additional questions on reverse page if you require one-on-one Peer Support Program – Connect \*\***

**MPA Facebook Community:** Private Facebook Group providing support from many Australians who have a shared melanoma experience (Group Membership is requested via Facebook)

**MPA Telehealth Nurse:** Specialist melanoma support and information from a trained and experience melanoma nurse. Self-referral or health professional referral via MPA website.

[Melanoma Nurse Telehealth Service - Melanoma Patients Australia](#)

**To find out more about MPA's Support Programs and services call the National Support Line on 1300 88 44 50**

Please complete this form to help us to find a good fit for your Peer Support Volunteer.

**Please select the support you require:**

- Getting support after a new melanoma diagnosis
- Understanding more about treatment
- Getting regular support throughout my melanoma treatment
- General emotional support
- Living with metastatic melanoma

**Please tick if any of the following circumstances relate to you**

- I am young adult with melanoma
- I have mucosal melanoma
- I have ocular melanoma
- I have a rare melanoma

**If you have a strong preference for receiving Peer Support from a male or female, please indicate below.**

- I have a strong preference for a female Peer Support Volunteer
- I have a strong preference for a male Peer Support Volunteer

**Permission & Consent (if completed on someone's behalf)**

**Please provide your details below if you are completing this on behalf of someone**

- First Name
- Second Name
- Email address
- Relationship to client / patient

Please tick the box to confirm that the person requiring support has consented to the referral and being contacted by the Melanoma Patients Australia for this support service

When completed, please email this form to [info@melanomapatients.org.au](mailto:info@melanomapatients.org.au)