**Psychoeducation and community engagement request form**

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| Please fill out this form and return to:**Liz, Community Engagement Officer**headspace Bairnsdale 171 Main Street, Bairnsdale info@headspacebairnsdale.org.au Ph: 5141 6200  |

All requests will be considered however our capacity is dependent on the availability of staff. We require at least 4 weeks notice for events, depending on the request.
Thank you!

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| **Details** |
| Organisation |  |
| Contact Person |  |
| Phone |  |
| Email |  |
| Proposed session dates |  |
| Please tick only one box  & add proposed start time  |

|  |  |
| --- | --- |
| EDUCATION[ ]  \_\_\_\_\_ am/pm (1/2 hour)[ ]  \_\_\_\_\_\_ am/pm (1 hour) | COMMUNITY STALL[ ]  \_\_\_\_\_ am/pm (2 hours)[ ]  \_\_\_\_\_\_ am/pm (½ day) |

 |
| Approximate number of participants | [ ]  5-25 [ ]  25-50 [ ]  50-100 [ ] 100-200 [ ]  200+ |
| Session location |  |
| Audience age group |  |
| Type of participation Please tick  | [ ] Young people are required to attend[ ] Young people are volunteering their time[ ] Young people are registering their interest |
| **Background** |
| Session topic(Provide as much info as possible about what you would like covered) |  |
| Presentation inclusionsPlease tick  | [ ] “What is headspace?” [ ]  Mental Health[ ]  Anxiety [ ]  Depression[ ]  Youth Advisory Group [ ]  Promotion stall at an event[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- | --- |
| Young people’s estimated level of knowledge about topic(Low/Med/High + detail) |  |
| Accessibility needs of participants that headspace staff should be made aware of prior to session/event.  | Please add detail if required:  |
| What outcomes are you expecting from this session?  |  |
| Resources available at your facility that, if required, headspace staff can use.(Please tick all applicable)  | [ ]  Projector [ ]  HDMI cable [ ] Outdoor space [ ] Table and Chair[ ] Whiteboard (& markers) [ ] Laptop  |
| Would you like to receive input or review on your event by the headspace Youth Advisory Group?  | [ ] YES[ ] NO |
| Would you like to be informed of our upcoming events and updates? | [ ] YES[ ] NO |
| **Other comments or information?** |
|  |

**A note about confidentiality**

*Confidentiality of young people is one of our top priorities at headspace. This means we may not be able to give you any information about a young person you are helping to access our service.*

*If you are supporting a young person who you believe has been referred to or is engaged with our service, we need to know that they consent for us to talk to you.* *You can do this by dropping into our centre with the young person or helping the young person to give us a call.*