



headspace
Bentleigh

headspace Discovery College Enrolment Form

Student Name	
Date of birth	
Address	
Email	
Phone	
Name of the course(s) you wish to enrol in	Course name: Date:
	Course name: Date:
	Course name: Date:
Do you currently use a community mental health service such as headspace? If so, which one?	
How did you hear about us?	
What days and times would suit you to meet with a member of the Discovery College to discuss your enrolment?	

Please complete this form and email to Discovery.College@alfred.org.au or drop it to headspace Bentleigh reception.

headspace Bentleigh is part of the headspace Victoria Youth Early Psychosis Program

Our other services are located at:

headspace Dandenong 196 Lonsdale Street, Dandenong VIC 3175 **Tel** 1800 367 968 **Fax** 03 9793 4992

headspace Elsternwick 319-321 Glenhuntly Rd, Elsternwick VIC 3185 **Tel** 03 9076 7500 **Fax** 03 9076 7599

headspace Frankston 62 Playne Street, Frankston VIC 3199 **Tel** 03 9769 6419 **Fax** 03 9770 5688

headspace Narre Warren 66 Victor Crescent, Narre Warren VIC 3805 **Tel** 1800 367 968 **Fax** 03 8738 9888

ABN 27 318 956 319

headspace National Youth Mental Health Foundation is funded by the Australian Government Department of Health under the Youth Mental Health Initiative



Who would you like us to contact in the event of emergency or if you need us to arrange extra support?

Personal contact

Name:

Phone:

Relationship to you:

Professional contact (name, phone, service)

Name:

Phone:

Relationship to you:

Things to watch out for and how we can help

What are some of the things that might help you participate in the course?

How can we support you when things are difficult?

Office use only:

☐ hYEPP

☐ headspace
standard

☐ CYMHS/
other AMHS

☐ Other (specify)

Group timetable provided: Y/N

Any other info:

Name:

Signed: _____

Date:

Co-signed by parent/family member (if required): _____

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