



headspace Albury Wodonga
155 High Street Wodonga Victoria 3690
email: headspaceAW@gatewayhealth.org.au

headspace Wangaratta
44 Rowan Street Wangaratta Victoria 3677
email: headspaceAW@gatewayhealth.org.au

Phone: 1300 332 022 Fax: 02 6024 5792



Social Group Information

headspace is a free service for young people aged 12-25 years. headspace Albury Wodonga and headspace Wangaratta are programs of lead agency Gateway Health, supporting young people and their families across the community. We provide a range of services, including mental health and wellbeing support, alcohol and other drug support, physical and sexual health (via Gateway Health Medical Practice and Clinic 35), work and study support, community engagement, education and awareness, cultural connections coordination, non-therapeutic social groups, and sexuality and gender support.

PLEASE NOTE: headspace Albury Wodonga and headspace Wangaratta are not an acute mental health/crisis service. If you have any immediate concerns regarding the safety and wellbeing of a young person, please contact one of the following services for assistance:

Mental Health Triage Service -
1300 104 211

Lifeline -
13 11 14

Kids Helpline -
1800 551 800

Please be advised headspace services are for young people between the ages of 12-25. You can access similar services through Gateway Health:

- Child & Family Health counselling services for young people under 12yrs - **02 6022 8888**
- Head to Health mental health supports for people over 25 - **1800 657 573**

In an emergency, please call 000 immediately.

Privacy and Confidentiality

headspace Albury Wodonga and headspace Wangaratta will use the information collected in this form to assist with the administration of the social group, and in case of any emergencies. This information will be stored electronically in a secured format and only be used by those involved in administering and facilitating the social group, which may include external facilitators hired by headspace Albury Wodonga or headspace Wangaratta to deliver a workshop.

For more information about Privacy, please see our Information Privacy policy and [Privacy Statement](#), available on the Gateway Health website.

Child Safe Standards

In line with the Child Wellbeing and Safety Amendment (Child Safety Standards) Act 2015, Gateway Health is committed to upholding the Victorian Child Safe Standards, to the best of its abilities and resources. Gateway Health upholds itself as an organisation committed to the participation and empowerment of all children.

More information about Gateway Health's Commitment to [Child Safe Standards](#), is available on the Gateway Health website.

Group Participation Information

headspace Albury Wodonga & headspace Wangaratta run several non-therapeutic social groups for young people aged 12-25 years old. These groups include:

- **Northeast Social Group** - for participants aged 17 to 25 years old. Activities include nature walks, hiking, fruit picking, picnics, cooking, games afternoons, crafternoons and more!
- **QREW** - is for young people aged 12 to 17 years old and connects through the Victorian school term fortnightly on Wednesdays from 4pm - 5:30pm.
- **Queer Connections** - gives young people aged 18 to 25 the change to connect with others in the community and also get involved in events!
- **Dungeons and Dragons** - for ages 12 to 17 and 18 to 25. These groups run fortnightly on Thursday.

For up to date information on headspace Albury Wodonga & headspace Wangaratta social groups, [please check out our website](#).



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Registration Form

Parents or Legal Guardian's Details			
If the young person is under 16 years of age, parent/guardian consent is required to attend headspace social groups. Please provide name and number of persons consenting below.			
Consent provided by		Contact Number	
Relationship to young person			
Details of Young Person			
Surname		Legal/Given Name	
Preferred Pronoun/s		Preferred/Aligned Name	
Date of Birth		Sex Assigned at Birth	
Gender Identity		Email Address	
Phone Number		Preferred Method of Communication?	<input type="checkbox"/> Phone <input type="checkbox"/> Mobile
Mobile Number			<input type="checkbox"/> Email <input type="checkbox"/> SMS
Residential Address (Include Suburb & Postcode)		First Nations Identity	
Country of Birth		Nationality	
Preferred Language		Interpreter Needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact (please make sure this section is completed)			
Full Name		Relationship to young person	
Address (Include Suburb & Postcode)		Contact Number/s	
		Email	
Health & Wellbeing			
To help us make our groups accessible for everyone, please let us know if you have any access needs, disabilities, or health conditions we should be aware of.			
<input type="checkbox"/> Intellectual/Learning	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Sensory	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Speech	<input type="checkbox"/> Physical	<input type="checkbox"/> Asthma
<input type="checkbox"/> Neurodivergent	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Other (please specify)
Do you have any specific accessibility needs?			
Do you have any Allergies? (include any Medical Alerts/EpiPen etc.)			
How did you hear about our social groups or programs?			
<input type="checkbox"/> Existing Member	<input type="checkbox"/> Youth Service	<input type="checkbox"/> Facebook/Instagram	<input type="checkbox"/> School
<input type="checkbox"/> Family/Friend	<input type="checkbox"/> Support Worker	<input type="checkbox"/> headspace Clinician	<input type="checkbox"/> headspace Newsletter
<input type="checkbox"/> headspace Website	<input type="checkbox"/> Gateway Health Website	<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to say



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Parent/Guardian Consent for young people under 16 years of age

By signing below, I agree to and understand the following:

- a. I understand and acknowledge that the group is not a therapeutic support group and that it does not provide clinical or therapeutic interventions.
- b. I understand that Gateway Health is not responsible for the supervision or safety of participants before or after attending the group.
- c. If, as a guardian, I suspect that my young person is struggling with their mental health, I understand the importance of seeking clinical support. This may involve consulting with mental health professionals, therapists, or relevant healthcare providers to ensure the wellbeing of my young person.
- d. I have provided all relevant and accurate details for the young person to participate in this program.

Consent to the use of images for young person(s) under 18yrs old:

- a. Before Gateway Health uses any image (photograph or video) we must have your permission. The images may be used by the organisation for any educational or promotional material in print and/or digital format including our website and social media channels.

I, as the legal guardian hereby:

- Give my consent for headspace to collect and store the personal information of the named child/young person, in accordance with their [Privacy Statement](#) and the Privacy Act, available on Gateway Health's website.
- Give my consent for the named child/young person to participate in the group
- Give my consent for the use of the named child/young person's image.
- Do not give my consent for the use of the named child/young person's image.

Full Name		Relationship to young person	
Signature		Date	

Consent for Independent Departure of Young Person

I, as the legal guardian, hereby give my consent for the named young person(s) to independently depart locations visited by the group or to arrange their own transportation home after participating in the group. Occasionally, groups may travel to local areas e.g. cinemas, bowling, however common ongoing location include:

- Murray Art Museum Albury (MAMA), 546 Dean Street, Albury NSW 2640
- Windbreak 3690, 198a High Street, Wodonga Vic 3690
- Gateway Health, 155 High Street, Wodonga Vic 3690

Full Name			
Signature		Date	