headspace Broome
Registration & Consent Form

Questions: Phone: 9194 4500
Return completed form to Email: headspace@kamsc.org.au or **Fax:** 08 9194 4513

If you are completing this form on behalf of a young person, participation from them is encouraged. Please kindly ensure the young person has signed the last page.

Young Person Details:	
Name of young person: ***Preferred name:***	**Gender:**
Address:	**Pronouns:**
Date of Birth:	**PO Box:**
Phone contact:	**Email:**
Country of birth: Australia ☐ Other ☐ Please tell us where you're from	
Cultural background: Aboriginal Australian ☐ Torres Strait Islander ☐ Other ……..	
Living situation: Family ☐ Alone ☐ Other ☐	
Medicare number: Ref: Expiry Date:	
Allergies: Yes ☐ *please list* No ☐ Don't know ☐	
Employment: Yes, employed and happy with my job ☐ Yes, employed but would like to explore something new? ☐ No, would like help with finding a job or get into training? ☐ **Student:** Yes ☐ *where?.....* No ☐	
Emergency Contact ….<u>*an emergency contact is required for this referral and must be a parent / guardian or family member over the age of 18 years.*</u> **Name:** **Relationship to young person:** **Phone contact:**	

Reasons for seeking support as expressed by the young person	
Reason for referral *(what would you like help with; what are you worried about)*	
Strengths *(what keeps you strong, goals, achievements, self-care, supports)*	
Risk taking behaviours *(thinking of hurting yourself, not taking care of yourself, using alcohol or other drugs)*	
Involvement with any other services you would like to share *If yes, please provide details*	

Support options available … *please tick the box/s which applies to you*

- ☐ Single Session Therapy (1-3 therapeutic sessions responding to immediate, non-acute needs)
- ☐ Counselling (short to medium term utilising evidence-based therapeutic interventions)
- ☐ Physical & Sexual health (Doctor)
- ☐ Work & Study support (16-25-year-old)
- ☐ Alcohol & other drugs

If not the young person, who completed this form?

Name:

Relationship to young person:

Phone contact:

Consent to Service

What information do we collect?

Your personal information will be recorded in a secure database called MMex. If you see the doctor at **headspace,** we will need to share your Medicare details so that bulk billing can occur.

Each time an appointment is booked at **headspace**, a HAPI survey will be sent to your phone which we invite you to complete. This information will become anonymous and shared with the **headspace** National Office to assist with evaluation and research.

Is my information confidential?

All **headspace** Broome workers sign a confidentiality agreement. This means they can't talk about you or share your personal information outside of work.

There may be instances where a **headspace** Broome worker may need to break confidentiality to keep you safe. Instances include:

- If we believe you are at risk of harming yourself or others
- If we believe you are at serious risk of harm from others
- If you are or have been abused and / or neglected by someone and are under the age of 18
- If your notes are legally requested

We will always try to tell you first if we need to break confidentiality. If you are under 16, we will talk to you about what will be discussed with your parent / carer and the extent to which they will be involved in your care at **headspace** Broome.

What information do we share?

The **headspace** Broome team meet regularly to discuss how we are working together to provide the best service for you.

By signing this form, you give **headspace** workers and co-located professionals (Kimberley Mental Health & Drug Service (KMHDS), Helping Minds, Boab Health Service) permission to discuss information relating to you, if needed.

We will seek your consent before we share information with any other health services, community agencies, parent / carer and / or friend. You can withdraw your consent at any time. **If you need clarification on any of these matters, please speak to a headspace worker.**

Rights and Responsibilities **headspace** Broome is a voluntary service. It is your choice to come to **headspace** and it is okay if you decide you no longer want to come to **headspace**. If you cannot attend an appointment, we appreciate it if you can let us know.

You have the right to be treated with respect, care, honesty, and professional competence. If you have any worries about the service you receive, please talk to your worker, or contact the manager of **headspace** Broome.

headspace workers may call your primary / emergency contact if they are not able to contact you, generally after several attempts.

Young person *(this **must** be signed by the young person)*

Signature:

Print Name: Date:

Parent / Guardian *If young person is under 16, consent to be provided by parent / guardian / carer.*

Signature:

Print Name: Date: