headspace Bundaberg – Social Group Consent & Registration Form

headspace Bundaberg hosts social groups for young people aged 12–25. Our aim is to provide a welcoming, safe, and inclusive space where participants can connect, learn, and have fun.
Important: Participants aged **12–17 years require parental/guardian consent**. Participants 18+ provide their own consent. Some group formats, including *Unwind* and *Dungeons & Dragons*, are designed to include participants aged **12–25**, who may engage in activities together within the same group setting.

Group Management

- All groups are youth-led and supervised by volunteer members of our Youth Engagement Committee (YEC) or Family and Friends Reference Group (FFRG).
- All volunteers over 18 hold a current Positive Notice Blue Card (Working with Children Check).
- A staff member or adult volunteer is always present for supervision.
- headspace Bundaberg is open during group nights; staff are available if support is needed.

Attendance & Departure

- Participants are expected to stay for the duration of the group.
- If a participant needs to leave early, staff must be notified.
- If a participant leaves without notifying staff, they may not return that night.
- Participants who feel overwhelmed can access a quiet, safe space supervised by staff.

Sign-in / sign-out:

- Parent/guardian may choose to sign in/out each time, OR
- Authorise their young person to sign in/out independently.

☐ I choose to sign my young person in/out each attendance

☐ I choose to sign once to authorise my young person to sign in/out independently

Behaviour Expectations

- Respect all participants and staff.
- Follow instructions from facilitators and staff.
- Participants aged 18+ agree to act as positive role models within the youth environment.
- Abide by group rules (displayed in room).

Support Needs & Emergency Information

- We want to ensure everyone has a **safe and positive experience**. Please share any information that would help our facilitators support you (e.g. allergies, physical health conditions, sensory sensitivities, or mental health support needs).

Specific Support Needs:

_____

_____

(Example: "I get overwhelmed in loud rooms," "I have a peanut allergy," or "I use a fidget toy for anxiety.")

Is there a management plan in place for any of the above?

☐ Yes

☐ No

(If yes, please speak with a staff member so we can best support you.)

Emergency Contact

- Name: _____
- Relationship: _____
- Phone: _____

Consent

☐ I give permission for my young person (under 18) to attend the social group and participate in activities.

☐ I acknowledge the group is supervised by trained volunteers and staff.

☐ I consent to emergency medical care if required.

Media Consent: ☐ YES, I consent to photos/videos being taken for promotional purposes.

☐ NO, I do not consent to photos/videos.

Participant Details

- Name: _____
- Preferred Name: _____
- Date of Birth: _____

Parent / Guardian (if under 18)

- Name: _____
- Mobile: _____
- Signature: _____ Date: _____

Participant (if 18+)

- Signature: _____ Date: _____