

## (External) Group Registration Form

Date (DD/MM/YYYY): \_\_\_\_\_

Who is completing this form?  Young person  Other, please specify – Name: \_\_\_\_\_

Relationship to young person: \_\_\_\_\_

Contact number: \_\_\_\_\_

Email: \_\_\_\_\_

If you are completing this form on behalf of the Young Person, do you have their consent?  Yes  No

Does the Young Person have any risk or safety concerns?  Yes  No

If yes, please describe: \_\_\_\_\_

Title:  Miss  Ms  Mrs  Mx  Master  Mr

Pronouns: \_\_\_\_\_

Given name (s): \_\_\_\_\_

Family name: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

What gender do you identify as?  Female  Male  Non-binary  Other: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State and postcode: \_\_\_\_\_

Mobile: \_\_\_\_\_ Parent/ carer's ph (if applicable): \_\_\_\_\_

Preferred contact:  Mob no.  Parent/Caregiver ph. Can we send SMS to your mobile?  Yes  No

We send SMS (mobile app reminders, and other text message) for recalls and reminders.

Email: \_\_\_\_\_

If you provide us with your mobile number or email address, you may get electronic messages from us. Please note, unencrypted forms of communication can be intercepted and are not considered secure for exchanging highly confidential or sensitive information

Are you of Aboriginal descent, Torres Strait Islander descent, or both?

Aboriginal  Torres Strait Islander  Both  Neither

What cultural background do you identify with?

Other, please specify: \_\_\_\_\_

In which country were you born?  Australia  No  Yes: \_\_\_\_\_

Do you speak a language other than English at home?  Yes  No

Preferred language: \_\_\_\_\_ Do you require an interpreter?  Yes  No

Occupation: \_\_\_\_\_ List any known allergies: \_\_\_\_\_

If a student, what school do you go to? \_\_\_\_\_

(Tafe, USYD, UTS, Newtown HS etc.) \_\_\_\_\_

Do you have any disabilities/ health conditions?  No  Yes  Unsure

Do you require mobility assistance?  No  Yes

What is the young person's motivation or goals for wanting to join the groups?

(Being more social, learning new skills etc.) \_\_\_\_\_

Do you currently attend **headspace** Camperdown?  No  Yes

If Yes, please list your current clinicians / care coordinators at **headspace** Camperdown:

Have you attended a **headspace** centre in the past?  No  Yes, **headspace** Camperdown  
 Yes, other **headspace** centre

Have you received any mental health treatment in the last 12 months?  No  Yes

If Yes, reason for treatment:

If Yes, where was treatment accessed?

If you were provided with any diagnoses, please list:

Are you currently attending any external services?

In the last 6 months have you ever felt really sad, down or depressed?

No  Yes

Have you ever deliberately harmed or injured yourself?

No  Yes

Have you ever had thoughts of suicide?

No  Yes

Have you had thoughts of intentionally harming or injuring another person?

No  Yes

On a scale of 1-10, how comfortable do you feel being amongst a group of people?

(10 being extremely comfortable, 1 being not at all comfortable)

Are you sensitive to noise or other stimuli?

No  Yes

How did you hear about **headspace** Groups?

Word of mouth  Internet search  Referral/ recommendation  Other:

Name of referrer or service:

NB: We will only contact your emergency contact and next of kin if we can't get hold of you and are concerned about your safety

**NEXT OF KIN**  Same as emergency contact  Other, *please specify:*

Full name:

Relationship to you:

Contact number:

#### **EMERGENCY CONTACT (Australian contact)**

Full name:

Relationship to you:

Contact number:

*Once completed, please email this form to [headspace.camperdown@sydney.edu.au](mailto:headspace.camperdown@sydney.edu.au)*

*Please note that acceptance into the **headspace** Camperdown group program will be at the discretion of the Clinical Lead and Group co-coordinator.*

*By submitting this form to **headspace**, you acknowledge that the young person is aware that we will be creating a file record for their group engagement.*

## headspace Camperdown group programs

Please tick the boxes for the group(s) that you are interested in:

	GROUP NAME	AGE GROUP	DAY AND TIME
<input type="checkbox"/>	 <b>ARTspace:</b> A social space to draw, paint, play boardgames or bring in a project you are working on and hang out with others.	<b>12-25 y.o</b>	Weekly Thurs 4:00pm – 5:30pm
<input type="checkbox"/>	 <b>Managing Emotions:</b> Workshop to help you manage your behaviour, emotions, and teach you skills that help you in your day-to-day life.	<b>12-25 y.o</b>	Internal referrals only Date: TBD
<input type="checkbox"/>	 <b>HeadBAND:</b> A fun program for young people to share their interest in music and have the chance to play an instrument.	<b>12-25 y.o</b>	Monthly Wed 4:00pm – 5:30pm
<input type="checkbox"/>	 <b>Q-group:</b> A supporting space for LGBTQIA+ (or young people questioning their sexuality and gender) to meet and share ideas.	<b>12 – 25y.o</b>	Fortnightly Tues 4:00pm – 5:30pm
<input type="checkbox"/>	 <b>Autism Social Group:</b> A group for autistic Young People to connect over fun activities, craft, games, and chats.	<b>16 – 25 y.o</b>	Fortnightly Tues 4:00pm – 5:30pm
<input type="checkbox"/>	 <b>International Students Group:</b> An opportunity for international students to meet, socially connect, and discuss common issues important to them.	<b>18 – 25 y.o</b>	Twice a Month
<input type="checkbox"/>	 <b>Connect:</b> An 8-week program for young people to learn the skills to feel more confident and manage anxiety in social situations.	<b>17 – 25 y.o</b>	This program runs 1-2 times a year. Ask your clinician or reception for upcoming dates.
<input type="checkbox"/>	 <b>(UN)Stuck:</b> A 6-week program for young people to skilfully relate to difficult thoughts and emotions.	<b>17 – 25 y.o</b>	This program runs 1-2 times a year. Ask your clinician or reception for upcoming dates.

Visit the [headspace Camperdown website](#) for an up-to-date calendar of current groups/programs.