

(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

Email: _____ We send SMS (mobile appt reminders, and other text message) for recalls and reminders.

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? _____

In which country were you born? Australia Other, please specify: _____

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

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

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.

OFFICE USE ONLY: Referral discussed with Clinical Lead/ CED officer: Staff Initial ____ ENTERED by Administration: Staff initial ____

headspace National Youth Mental Health Foundation is funded by the Australian Government Department of Health. Client Information Form amended Mar 2023

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"/>	 <p>ARTspace: A social space to draw, paint, play boardgames or bring in a project you are working on and hang out with others.</p>	12-25 y.o	Weekly Thurs 4:00pm – 5:30pm
<input type="checkbox"/>	 <p>Q-group: A supporting space for LGBTQIA+ (or young people questioning their sexuality and gender) to meet and share ideas.</p>	12 – 25y.o	Fortnightly Tues 4:00pm – 5:30pm
<input type="checkbox"/>	 <p>Autism Social Group: A group for autistic Young People to connect over fun activities, craft, games, and chats.</p>	16 – 25 y.o	Fortnightly Tues 4:00pm – 5:30pm
<input type="checkbox"/>	 <p>International Students Group: An opportunity for international students to meet, socially connect, and discuss common issues important to them.</p>	18 – 25 y.o	Twice a month

Visit the headspace Camperdown website for an up-to-date calendar of current groups/programs.