

# (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

**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*

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.

## headspace Camperdown group programs

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

		Age Group	Day and Time
<input type="checkbox"/>	 <b>ACTIVE group:</b> An 8 week program aimed to get Young people active and having fun	15 – 25 y.o	Weekly Mon 4pm – 5:30pm
<input type="checkbox"/>	<b>ARTspace:</b> A social space to draw, paint, play board games or bring in a project you are working on and hang out with others	 12 – 25 y.o	Weekly Thurs 4:00pm – 5:30pm
<input type="checkbox"/>	 <b>Mind Over Mood:</b> Workshops to help you to manage your behaviour and emotions and teach you skills that help you in your day-to-day life	18 - 25 y.o	<b>Internal referrals only</b> Wed 3:00pm – 5:00pm
<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.	 12 – 25 y.o	Weekly Wed 4pm – 5:30pm
<input type="checkbox"/>	 <b>Q-Group:</b> A supportive space for LGBTQIA+ (or young people questioning their sexuality and gender) to meet and share ideas.	12 – 25 y.o	Fortnightly Tue 4pm – 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	 16 – 25 y.o	Fortnightly Tue 4pm – 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.	18 – 25 y.o	Accepting expressions of interest so we can contact people when it starts
<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.	 17 – 25 y.o	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	17 – 25 y.o	This program runs 1-2 times a year. Ask your clinician or reception for upcoming dates