

# 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 (e.g. student): \_\_\_\_\_ List any known allergies: \_\_\_\_\_

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

Do you require mobility assistance?  No  Yes

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  
Are you currently attending any external services?

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If you were provided with any diagnoses, please list:

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How did you hear about headspace Groups?

Word of mouth  Internet search  Referral/ recommendation  Other: \_\_\_\_\_

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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> This group aims to get Young People active (outdoors)	12 – 25 y.o	Weekly Mon 4pm – 5pm
<input type="checkbox"/>	<b>ARTspace Teens &amp; ARTspace Young Adults</b> A social space to learn about different art processes and connect with others	 12 – 17 y.o 17 – 25 y.o	Weekly Mon 4:15pm – 5:30pm Weekly Thu 4pm – 5:30pm
<input type="checkbox"/>	 <b>Coffee Club</b> Join us for breakfast and some fun activities to beat the Monday blues	18 – 25 y.o	Weekly Mon 10:30am – 12:30pm
<input type="checkbox"/>	<b>headband</b> A fun program for teens to share their interest in music and have the chance to play an instrument	 12 – 17 y.o	Weekly Wed 4pm – 5:30pm
<input type="checkbox"/>	 <b>Q-Group</b> A supportive space for LGBTQIA+ young people to meet and share ideas	12 – 25 y.o	Weekly Tue 4pm – 5:30pm
<input type="checkbox"/>	<b>Neurodivergent Social Group</b> A group for neurodivergent Young People to connect over fun activities, craft and games	 17 – 25 y.o	Monthly Ask your clinician or reception for upcoming dates
<input type="checkbox"/>	 <b>Family, Carers and Friends Support Group</b> A group that discusses different youth mental health related topics to assist you in better supporting Young People's mental health	All ages	Monthly Ask your clinician or reception for upcoming dates
<input type="checkbox"/>	<b>Connect</b> An 8-week program for young people to learn the skills to feel more confident in social situations.	 17 – 25 y.o	Quarterly 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	Quarterly Ask your clinician or reception for upcoming dates

# Privacy Notification And Consent Form

Before giving consent, it is important you have adequate information to inform your decision.

Please read the information below, along with our *Privacy and confidentiality* information leaflet and *Statement of client rights and responsibilities*. If you are having difficulties reading these documents, please speak to one of our staff and we will provide them in an alternative format.

Your personal information is protected by law, including the *Privacy Act 1988 (Cth) (Privacy Act)*. As a client of headspace Camperdown, we need you to provide some of your personal details and medical history so that we can carry out our service to you. We require your consent to collect personal information about you and to use the information you provide in the following ways:

- Administrative purposes in running headspace Camperdown, billing including compliance with Medicare and Health Insurance Commission requirements, Group Participation
- For disclosure to other workers within headspace Camperdown for us carry out our service to you
- For disclosure to others involved in your care outside of headspace Camperdown. This may occur through referrals and requests to other doctors and services, and in the reports or results returned to us following referrals
- For use to provide additional health services at headspace Camperdown
- For follow-up, reminders, and recall notices
- For research and quality assurance activities related to our provision of services
- To comply with any legislative or regulatory requirements for example the *Health Records and Information Privacy Act 2002 (HRIPA)*, the *Public Health Act 2010*, and *Children and Young Persons (Care and Protection) Act 1998*. headspace Camperdown is a voluntary service and any care and treatment we provide to you is subject to your informed consent. For us to carry out our service to you, it may be reasonably necessary for some of your information to be communicated or transferred outside of headspace Camperdown. If you do not provide some of your information, it may influence our ability to provide appropriate services. You can request a copy of our privacy policy and privacy management plan for more information about the collection, use and disclosure of your information.

## By signing this form:

- I have read the information above and understand the reasons why my information must be collected.
- I understand that I am not obliged to provide any information requested of me, but failure to do so may compromise the quality of health care and treatment given to me.
- I am aware of my rights to access the information collected about me, except in some circumstances where access may be legitimately withheld. I will be given an explanation in these circumstances.
- I understand that if my information is to be used for any other secondary purpose, my further consent will be obtained.
- I consent to the use and disclosure of my information by headspace Camperdown for the purposes set out above, subject to any limitations on access or disclosure of which I notify headspace Camperdown

### OR (tick below)

I am unsure and would like to discuss this further with someone from headspace Camperdown before signing.

## Young person (client):

I,	<input type="text"/>		<input type="text"/>	,	<input type="text"/>	)
	First name		Surname		Date of birth (dd/mm/yyyy)	
give permission for headspace Camperdown to use and handle information collected about me and my health in accordance with the above conditions.						
Signature: _____			Date: ____/____/____			

## If person signing is not young person (i.e., Parent or legal guardian)

I,	<input type="text"/>		<input type="text"/>			
	First name		Surname			
give permission for headspace Camperdown to use and handle information collected regarding:						
	<input type="text"/>					<input type="text"/>
	Name of young person (client)					Client's date of birth
Signature: _____			Date: ____/____/____			
Relationship to young person: _____						