

# self-referral form

This form is for young people aged 12-25 years old to fill out, or for family and friends to fill out on their behalf, to request support from headspace Colac.

We will respond to your referral within 1 week of receipt.

If you need immediate support and you are over 16 years of age please contact the Barwon Health Colac Adult and Youth Service on 1300 763 254 Monday to Friday 9am-5pm. For after hours or if you are under 16 years of age contact the Barwon Health Child and Youth Triage 1300 094 187. If it's an emergency call 000.

Privacy is important to us, the information on this form will be kept confidential in line with headspace and Barwon Health policies. headspace Privacy Policy: [headspace.org.au/privacy-policy](https://headspace.org.au/privacy-policy) Barwon Health Privacy Policy: [barwonhealth.org.au/privacy-policy](https://barwonhealth.org.au/privacy-policy)

If you would prefer to complete a referral over the phone, please call headspace Colac on (03) 5232 5520

*Note: If you are a teacher, GP, caseworker etc. please use our professional referral form.*

## request for support

Are you completing this request for yourself or on behalf of someone else?		
<input type="checkbox"/> for myself	<input type="checkbox"/> on behalf of someone else	
If on behalf of someone else, please provide your name:		
Is the person aware and consenting of you making this referral?		
<input type="checkbox"/> yes	<input type="checkbox"/> no	date of referral:

## young person's details

preferred name:	legal name:	
pronouns:	gender:	sex:
languages spoken:	date of birth: (DD/MM/YYYY)	Is an interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No
GP name:	GP practice:	
medicare number:	Expiry: (MM/YYYY)	number on card:
Are you Aboriginal or Torres Strait Islander?		
<input type="checkbox"/> Yes, Aboriginal	<input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> Yes, Both Aboriginal and Torres Strait Islander
<input type="checkbox"/> No, neither	<input type="checkbox"/> Unsure	<input type="checkbox"/> Prefer not to say

## contact details

street address:	
suburb:	post code:
Is it okay to send relevant mail to this address?	
<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unsure	
email address:	phone number:
contact preference: <input type="checkbox"/> phone call <input type="checkbox"/> SMS <input type="checkbox"/> email	

**headspace Colac**

15/17 Hart St, Colac, VIC, 3250

**Website:** [headspace.org.au/colac](https://headspace.org.au/colac)

**P/H:** 03 5232 5520 **Fax:** 03 5232 5542

headspace National Youth Mental Health Foundation is funded by the Australian Government Department of Health.

## emergency contact details

emergency contact name:	
contact number:	relationship:

## further information

<p>reason for contacting headspace Colac: (please tick all that apply)</p> <p><input type="checkbox"/> feeling down or stressed</p> <p><input type="checkbox"/> wanting to see a GP</p> <p><input type="checkbox"/> sexual health (including contraception and sexual health checks)</p> <p><input type="checkbox"/> support with work or study</p> <p><input type="checkbox"/> alcohol or other drugs negatively impacting your life</p> <p><input type="checkbox"/> relationship issues</p> <p><input type="checkbox"/> troubles with family or friends</p> <p><input type="checkbox"/> wanting to talk about sexuality or gender identify</p> <p><input type="checkbox"/> physical health issues</p> <p><input type="checkbox"/> issues with self-harm</p> <p><input type="checkbox"/> suicidal ideation</p> <p><input type="checkbox"/> body image or eating</p> <p><input type="checkbox"/> other</p>
<p>please add any further information you would like to share with us:</p>

Are you currently engaged in education, training, or employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide details. <i>e.g. name of school, hours of work per week.</i>		
Would you like to involve a family member or support person in the next steps of connecting with headspace?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure

Please save completed form and email a copy to headspace Colac at: [headspacecolac@barwonhealth.org.au](mailto:headspacecolac@barwonhealth.org.au)

**OR** hand in the form to headspace Colac at 15/17 Hart St, Colac, VIC, 3250

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