

headspace Geelong self-referral

This form is for young people (12-25 years old) to fill out, or for family and friends to fill out on their behalf, to request support from headspace. These forms are checked once per workday (Monday-Friday, between the hours of 9am-5pm), if you need immediate support please contact Lifeline on 13 11 14 or 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 Stride policies.

headspace Privacy Policy: headspace.org.au/privacy-policy Stride Privacy Policy and Statement: stride.com.au/privacy-policy

If you would prefer to complete a referral over the phone, please call headspace Geelong on (03) 5222 6690

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

request for support

Are you completing this request for yourself or on behalf of someone else?	For myself	On behalf of someone else
Is the person aware and consenting of you making this referral?	Yes	No

your details

First Name:	Last Name:
Preferred Name:	Pronouns:
Gender:	Date of Birth: (DD/MM/YYYY)
Preferred Language:	Is an Interpreter Required? Yes No
Are you Aboriginal or Torres Strait Islander?	
Yes, Aboriginal	Yes, Torres Strait Islander
No	Unsure
Yes, Both Aboriginal and Torres Strait Islander	
Prefer not to say	

contact details

Street Address:	
Suburb:	Post Code:
Is it okay to send relevant mail to this address?	Yes No Unsure
Email Address:	Phone Number
Contact Preference:	Phone Call SMS Email

emergency contact details

Emergency Contact Name:	
Emergency Contact Number:	Their Relationship to You:

further information

Reason for contacting headspace Geelong: *(please tick all that apply)*

- Feeling down or stressed
- Wanting to see a GP
- Sexual health (including contraception and sexual health checks)
- Support with work or study
- Alcohol or other drugs negatively impacting your life
- Relationship issues
- Troubles with family or friends
- Want to talk about sexuality or gender identity
- Issues with bullying and or harassment
- Physical health issues
- Issues with self-harm
- Body image or eating
- Other

Please briefly add any further information that you would like to share with us:

Are you currently engaged in education, training or employment?

If you answered yes, can you provide further details? *e.g. name of school attending, hours of work per week*

Would you like to involve a family member or support person in the next steps of connecting with headspace?

Yes No Unsure

Please save the completed form and email a copy to headspace Geelong at: hsgeelong.intake@stride.com.au

headspace Geelong

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