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| **Term 1 Tuning Into Teens Gosford Group Sign Up** |

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Thank you for showing your interest in signing up to attend our next 6-Week Tuning Into Teens group for parents and carers supporting teenagers. This is a FREE educational group aimed at supporting parents to:

* Better understand their teen
* Develop skills to improve communication with their teen
* Learning how to support their teen manage their emotion
* Help prevent problematic behaviours
* learn how to manage conflict with teens

Where: Interrelate Gosford - Level 1/40 Mann Street, Gosford NSW
When: Tuesday 4:30-6:30pm for 6 weeks, starting February 25th until April 1st 2025

Please be aware this is not a therapeutic group for parents, if you require additional support, we can provide information about where you can access your own mental health support if needed.

Once we receive this completed sign up form, we will contact you to further discuss the group and to confirm your enrolment. If for some reason the group is not going to suitable for your needs, we can discuss this further with you and advise of other support options which may better meet your needs.

**1. Name**

First name:

Last name:

 **2. Will there be any other parent attending the group with you? Please advise of their name**

First name:

Last name:

**3. Is your child a current client of headspace?**

Yes

No

Name of child and service if not with headspace (e.g. CAMHS, Interrelate)

**4. Email**

Email address

**5. Address**

Postal address

**6. Phone number**Number

 **7. What are the name(s) and age(s) of the children/young people in your care?**

**8. Have you accessed a group/parent education program before?**

Yes

No

Please specify any other programs you have attended

 **9. What are you hoping to get out of attending the Tuning Into Teens group?**

* To meet and connect with other parents
* To learn about what to expect from my adolescent child
To learn ways to support my adolescent child
* To better understand mental health
* Other (please specify)

 **10. It is a requirement of the group that participants attend all 6 sessions to ensure they are able to learn all of the content in the group.**

Yes I am able to attend all 6 weeks of the group

No I am not able to attend the 6 weeks of the group

If I miss a group session I agree to inform the facilitators and I am happy to attend an extra make up session or complete the course work in my own time

**11. Do you have dietary restrictions? (if yes, please specify**Bottom of Form**)**Yes

No