

Young Person Details			
Young person name		D.O.B	
Address			
Mobile +/- Home			
Gender identity	Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> self-describe:		
Pronouns	She/Her <input type="checkbox"/> He/Him <input type="checkbox"/> They/Them <input type="checkbox"/> self-describe:		
Emergency Contact Details			
Name			
Address			
Mobile/Home			
Relationship to young person			
Additional Information			
Does the young person have any medical conditions, allergies or dietary requirements? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If YES, then please specify:			
Sessions			
Please choose the session/s you would like to participate in by ticking the box next to it.			
Session 1 (7 <sup>th</sup> May): Painting pots <input type="checkbox"/>	Session 5 (4 <sup>th</sup> June): Make your own playdoh <input type="checkbox"/>		
Session 2 (14 <sup>th</sup> May): Water colour painting <input type="checkbox"/>	Session 6 (11 <sup>th</sup> June): Drawing faces/portraits <input type="checkbox"/>		
Session 3 (21 <sup>st</sup> May): Keychains using polymer clay <input type="checkbox"/>	Session 7 (18 <sup>th</sup> June): Make your own pot <input type="checkbox"/>		
Session 4 (28 <sup>th</sup> May): Junk journaling <input type="checkbox"/>	Session 8 (25 <sup>th</sup> June): Choose your own medium <input type="checkbox"/>		

**young person consent/parent or carer consent if young person is under 16.**

Crafternoon is a weekly group in which young people participate in an afternoon of crafting. The group aims to encourage young people to be creative and of course have fun! The group will be run weekly on Wednesdays from 3:15pm to 4:45pm at headspace Karratha and will be facilitated and supervised by headspace staff.

I acknowledge that:

- ☐ headspace will collect and store the contact details of young people and their emergency contact/guardian on their digital record system, to provide young people with information regarding the group and to ensure safety in emergency situations.
- ☐ headspace will contact young people's emergency contact/guardian if young people do not show up to the group without letting headspace know prior to ensure they are safe.
- ☐ headspace may take photos of young people participating in the group and use them appropriately for future promotion [optional]

**By signing this document, you are confirming that you have read and understand the above information, the intention of the group and give consent for you/your young person to engage in this headspace group.**

Parent/guardian name:		Date:	
Signature:			
Young person name:		Date:	
Signature:			

## group rules & expectations

headspace strives to create a safe and accepting space for all young people; to participate in this group young people need to act in accordance with the following rules and expectations:

<input type="checkbox"/>	I acknowledge that I am expected to treat other young people, headspace staff and volunteers with respect and kindness
<input type="checkbox"/>	I acknowledge that I am expected to exhibit appropriate behaviours while in the group
<input type="checkbox"/>	I acknowledge that screaming, and yelling are not appropriate; and strong emotions are expected to be communicated in a manner that is not disruptive and allows others to help one another.
<input type="checkbox"/>	I acknowledge that behaving in a threatening or aggressive way toward other young people in the group and centre, headspace staff and volunteers will not be tolerated
<input type="checkbox"/>	I acknowledge that certain topics do not foster a safe and accepting space and are considered inappropriate for young people between the ages of 14-17y/o, as such I will refrain from topics including sex, drug use/alcohol, suicide and the use of excessive profanities.
<input type="checkbox"/>	I acknowledge that headspace staff will give me three verbal warnings for inappropriate and/or disrespectful behaviour and speech, and headspace Karratha reserves the right to exclude any young person if the young person continues to act inappropriately
<input type="checkbox"/>	I acknowledge that I am encouraged to give feedback and raise any issues in relation to headspace Karratha, the group, and behaviour of headspace staff and volunteers with headspace staff
<input type="checkbox"/>	I acknowledge that any complaints, unresolved issues or serious disputes that arise are to be brought to the attention of headspace staff for resolution, which may involve a mediation process
<input type="checkbox"/>	I acknowledge that I will be expected to attend this group each week and if I do not turn up headspace will reach out to myself and my emergency contact to ensure I am safe.

## young person acknowledgment/consent

By signing this document, I am acknowledging that I have read and understand the above group rules and expectations and will act in accordance with them:

Young person name:		Date:	
Signature:			

return form in person or email to [info@headspacekarratha.org.au](mailto:info@headspacekarratha.org.au)