# Term [2] Tuning Into Teens

## Registration Form

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 to manage their emotions
* Help prevent problematic behaviours
* Learn how to manage conflict with teens

**Location**: Interrelate Gosford - Level 1/40 Mann Street, Gosford NSW

**Time**: Tuesday 4:30-6:30pm for 6 weeks, [starting May 20th finishing 24th June 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. **First and Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Will there be any other parent attending the group with you?**

**Please advise of their name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

[ ]  Yes

[ ]  No

**Name of child and service if not with headspace:**

**(e.g. CAMHS, Interrelate, etc.)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Email address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Postal address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Phone number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **What are the name(s) and age(s) of the children/young people in your care?**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

[ ]  Yes

[ ]  No

**Please specify any other programs you have attended**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **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 best support my adolescent child
* [ ]  To better understand mental health
* [ ]  Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. It is a requirement of the group that participants attend all six 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

1. **Do you have dietary restrictions? (if yes, please specify)**

[ ]  Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  No