



# SPARK!



headspace  
Osborne Park

## Referral Guidelines

### What is SPARK?

SPARK is a group run by headspace Osborne Park designed to help young people learn about themselves, their values, managing life's ups and downs and developing a meaningful direction for their lives in a fun and interactive way.

This group combines a range of activities including art (no artistic skills required) and games to provide skills and learning in a practical and fun way. Due to this, please dress in comfortable clothes you can move about in and don't mind getting a little dirty.

Each week participants will complete new activities and learn about managing their thoughts and feelings and engaging in life, they will also be given a small exercise to complete each week between sessions.

### Eligibility for SPARK

- Aged 15-18years
- Want to learn new ways of coping with difficult thoughts and feelings
- Suitable for accessing a group program
- Available on Wednesdays from 4-6pm from 21<sup>st</sup> October to 7<sup>th</sup> December inclusive.

\*Individual assessments will be done following referral to ensure all participants are suitable, if not deemed suitable, other support options will be discussed.

### How to refer to SPARK

Referrals can be made by yourself, a family member, or a professional (GP's, Allied Health Professionals, community-based agencies and educational institutions) Via the attached referral form. The person being referred must be aware of and agreeing to the referral.

Following the referral being received, the young person will be contacted within the week to book a 30min assessment to discuss the referral and ensure suitability to the group.

Completed referrals can be sent in via

**Fax** 08 9208 9599

**Email** [info@headspaceospk.com.au](mailto:info@headspaceospk.com.au)

**Mail:** PO Box 498, Osborne Park, WA, 6917

**Or in person:** Young people can call into headspace Osborne Park, between 9am and 4pm, Monday – Friday. Staff will endeavour to see the young person the same day to discuss SPARK, but this may not always be possible.



# Referral Form

Please ensure you have read and understood the attached **headspace** Osborne Park SPARK Referral Guidelines prior to completing this referral. Please forward completed referral to either [info@headspaceospk.com.au](mailto:info@headspaceospk.com.au), fax to (08) 9208 9599, post to PO Box 498, Osborne Park, WA, 6917 or hand deliver to Suite 2/145 Main Street, in Osborne Park.  
**Please follow up with a phone-call to ensure receipt of faxed referral.**

<b>Date of Referral:</b>	<b>Young Person consented to referral?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Please note: Referrals will not be accepted without the signed consent of the young person.</i>			
<b>Young Person's Details</b>			
Name:	DOB:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:	Preferred Contact (e.g. phone, mobile, email, post):		
Name of NOK/Emergency Contact:	Relationship:		
	Contact Phone:		
Indigenous/Cultural Identity			
<b>Referrer Details:</b>			
Name:	Organisation and Position:		
Address:	Email:		
	Phone:	Fax:	
<b>Reason/s For Referral</b>			
<i>(Please include here any information which may be useful as background information to assist with the referral e.g. Mental Health, Vocational/Educational, Physical Health)</i>			
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<b>Is the young person linked in with any other services?</b>	If yes, please provide details:		

**Please complete consent form overleaf.**



## Consent to Referral

The **headspace** Osborne Park Referral Form collects information to assist **headspace** Osborne Park staff to help young people get access to the services they need as quickly as possible.

All information will be treated confidentially and will not be used for any other purposes than what is stated on our confidentiality statement and consent form (signed when the young person arrives for their appointment).

- I am aware that this referral is being made. I understand that I can withdraw from this referral or from the referred service at any time.
- I consent to **headspace** Osborne Park obtaining relevant information from government and community-based agencies, doctors and other allied health professionals, specifically relevant to my care whilst being a client of **headspace** Osborne Park

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

If the young person is under 16 years of age, authorisation should (where possible) also be provided by a parent/guardian/carer.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_