

LGBTQIA+ Group Application Form

Please Note: A parent or legal guardian will need to co-sign this form for < 16 years

personal details

Full Name

Preferred Name

Phone

Email

Address

Date of Birth

Gender

Preferred Pronouns

emergency contact

Your Emergency Contact is the person we can contact if we become concerned about your wellbeing

Name

Relationship

Phone

Do they know that you will be attending this group?

About You

What interests you about being involved with headspace Queanbeyan's LGBTQIA+ group and what do you want to get out of attending the group?

How did you hear about this group?

Do you have any concerns about working within a group? If yes, what are they?

Do you have any mental health or wellbeing challenges that you would like us to be aware of? If we are aware, it will help us support you better during your attendance at the group.

Do you have any allergies? Or any other health concerns?

Is there anything else which would be good for us to know about you before attending the group?

About Us

headspace is a wellbeing and mental health service for young people aged between 12-25 years. Our LGBTQIA+ group is a social group provided by headspace Queanbeyan. The purpose of our LGBTQIA+ group is to provide the young people in our community with a safe space to socialise and explore their identity with other members of the LGBTQIA+ community. The group is run once a month with dates and times being known exclusively by group members.

The mentors and staff involved in this social group have a *duty of care* to keep members of the group safe.

Applicants will need to attend an informed consent and 'get to know you' appointment prior to commencing in the social group. This is to ensure that the group would be a good fit for you, and to ensure you understand the nature of the group, the terms of reference for attending and headspace's role with consent and confidentiality.

If any issues arise during your participation in our LGBTQIA+ group that may impact on staff or mentor's ability to uphold their *duty of care* to the group and its members OR leads to a disruption of group cohesion, we may need to talk with you about this. Likewise, if you are not feeling comfortable or safe while attending the group, it's important that you let us know so we can do something about it.

I would like to arrange a time to meet with a group facilitator to talk more about the group.

Name: _____

Date: _____ Phone Number: _____

Parent/Legal Guardian Name (required if under 16 years of age): _____

Date: _____ Phone Number: _____