

headspace Tuggeranong Self and Family & Friends Referral Form

headspace Tuggeranong is a free, youth-friendly and confidential service for young people aged 12 – 25 years. Led by Grand Pacific Health, **headspace** Tuggeranong brings together a variety of services in one place, making it easier to get the support you need. **At headspace Tuggeranong** we offer the following supports and services:

- **Mental Health Support** – Our team of Youth Counsellors, Mental Health Counsellors, and Youth Care Coordinators are here to help you through tough times.
- **Alcohol and Other Drug Support** – If the young person or someone they know is struggling with Alcohol or Other Drug use
- **Work & Study Support** – Advice and support with employment or educational goals
- **Physical Health and Sexual Health** – We have a free GP onsite

headspace Tuggeranong is a voluntary service & young people being referred to headspace Tuggeranong **MUST** be aware and consent to you completing this referral on their behalf.

PLEASE NOTE:

headspace Tuggeranong is not an acute mental health or crisis service. If you have any immediate concerns for the safety or wellbeing of a young person, please contact one of the following services:

- **Access Mental Health 1800 629 354**
- **Lifeline on 13 11 14**
- **Kids Helpline 1800 55 1800**

In case of an emergency, always call 000 immediately.

HOW TO REFER:

Self and Family & Friends Referral

At headspace Tuggeranong, we try to make it easy for young people, their family & and friends to connect with us. Here's how you can make an initial appointment:

Phone: Call us on 02 6298 2920

Email: Send us an email at info@headspacetuggeranong.org.au

Drop in: Visit us at Level 1, 167 Soward Way Greenway during opening hours. You can drop in to have a chat about making an initial appointment, explore the space, or meet our friendly team. We will do our best to help make you feel comfortable before deciding if you'd like to proceed with an appointment.

When making an appointment on behalf of a young person, the young person needs to be aware of and consent to you making an appointment on their behalf.

Self and Family & Friends Form: This form can be completed by the young person or their family and friends

External referrals

If you're an external referrer, you can refer a young person to headspace Tuggeranong by using our [General Referral Form](#). General Practitioners can either use the General Referral Form or send a referral letter and GPMHCP if appropriate for the young person. **Please Note** – young people under 16 years of age parental or carer consent is usually required. If obtaining consent isn't an option for the young person, please call us to discuss their situation before sending your referral.

For more information regarding **headspace** Tuggeranong, please contact us or visit our website www.headspace.org.au/Tuggeranong

CONFIDENTIAL

If you are unsure about making this referral, please contact headspace Tuggeranong on 02 6298 2920

Date of referral: ____/____/____

Young Person (Client) Details

Name: _____ Age: _____ DOB: _____

Gender: Male Female Gender Diverse Intersex Other:

Pronouns: _____ Phone Number: _____

Address: _____

Ethnicity: _____ Preferred Language: _____

Can we use SMS to contact you? Yes No

Can we leave a voicemail message? Yes No

Email: _____

Emergency Contact Details

Name: _____ Ph: _____

Pronouns: _____ Relationship to young person: _____

Address: _____

Can we contact this person? YES NO

Name: _____ Ph: _____

Pronouns: _____ Relationship to young person: _____

Address: _____

Can we contact this person? YES NO

If completing this form on behalf of a young person, please complete your details below

Name: _____ Ph: _____

Pronouns: _____ Relationship to young person: _____

Address: _____

What supports are you hoping to access at headspace Tuggeranong (circle all that apply)?

Physical & Sexual Health - Youth Care-Coordinator - Counselling – Alcohol & Other Drugs – Work & Study

Reason for referral

Reason for seeking support:

1. _____
2. _____
3. _____

What supports is the young person looking for?

What supports have trusted people in your life suggested might be helpful to support your mental & emotional wellbeing?

What resources & supports do you have in your life? *e.g. family supports, social network, other*

What are your skills & strengths? Or what do others say are your skills and strengths? *e.g. resilience, organisation, kindness, good friend*

Risk or Concerns I have for myself or that others may have for me?

Please share any thoughts or concerns, whether they are your own or have been raised by others.

Tick all that are relevant and provide further details

- Self-harm? _____
- Suicidal thoughts? _____
- Previous suicide attempts? _____
- Risk to others? _____
- Risk-taking behaviours? _____

Anything else you would like to share with us?

Please share any information you feel would help us better understand your situation or provide the support you need

Consent

For young people completing form

I am over 16 years old.

OR

I am under 16 years old and have consent from my parent or carer to attend headspace Tuggeranong

By submitting this form for yourself that you give consent for headspace Tuggeranong to contact you

For Family & Friends completing form

The young person that I am making this referral on behalf of is aware that I am completing the referral and would like support from headspace Tuggeranong:

Yes

No

The young person has consented to this referral being made on their behalf:

Yes

No

If the young person is under 16 years old and you are NOT their parent or carer, is their parent or carer is aware and given consent for this referral to be completed on the young person's behalf:

Yes

No

If you have not stated "Yes" to the above question and the young person is under 16 please contact us prior to submitting this referral and provide further information below:

By submitting this form on behalf of a young person, you are declaring that you have the young person's consent for headspace Tuggeranong to contact them

How to submit this form:

Email: info@headspacetuggeranong.org.au

Post or drop in: Level 1, 167 Soward Way, Greenway, ACT 2900

Fax: 02 6298 2921