



Service & Community Development Request Form

headspace Hawkesbury provides youth mental health services to schools and the community in the Hawkesbury local area.

The services provided have an educational and health promotion focus. We deliver these services to promote positive mental health and wellbeing. Please note that these services do not have a medical or therapeutic focus.

Please provide one month of lead time for all requests.

INFORMATION REQUIRED:

Name: _____ Organisation: _____

Phone: _____ Email: _____

Preferred method of contact: _____

Please advise which type of request you would like from the list below:

(Please select one main option and at least one sub option)

Educational Workshop

- A healthy headspace *(Introduction to mental health)*
- Managing Stress *(optional: exam stress)*
- Alcohol & Other Drugs
- Bullying
- Other (please specify): _____

Presentation

- Service & Referral *(Introduction to headspace services)*
- Information for Parents & Carers
- headspace School Support *(Staff Only – prepare for, respond to, & recover from suicide)*

Date & time requested *(please provide 3 dates/times)*:

1) Date: _____ Time: _____ Duration (mins): _____

2) Date: _____ Time: _____ Duration (mins): _____

3) Date: _____ Time: _____ Duration (mins): _____

Who will be attending?

- Young people (12-25)
- Parents, family members and carers of young people
- Service providers
- General community members
- Other *(please specify)*: _____



Year/Age: _____

Size of Group (i.e. how many people to attend): _____

Does the venue have access to a projector/screen and whiteboard?

- Yes
 No

Any additional information:

Are there any issues or incidents which headspace Bankstown should be aware of before presenting with the cohort?

Please select the level of knowledge of the cohort's experience around mental health:

- Little
 Moderate
 High
 Lived Experience

Have the cohort been informed about attending the workshop and know what it is about? Yes No

Are there any people who have English as their additional language? If so, approximately how many within the cohort?

- Yes _____ people
 No

Are there any people who have cognitive delays and/or learning difficulties?

- Yes
 No

Are there any people who will have accessibility requirements or other adjustments to receiving information? E.g. hearing loop

- Yes – please specify _____
 No



Promotional Material

(We will only be able to send a limited number of resources, so please prioritise resources that are most needed).

- Centre Information
- Posters
- Fact Sheets

- | | |
|--|--|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> If your friend is not okay |
| <input type="checkbox"/> Amphetamines | <input type="checkbox"/> Info for parents and carers |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Learn how to handle tough times |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Post Traumatic Stress Disorder |
| <input type="checkbox"/> Benzodiazepines | <input type="checkbox"/> Psychosis |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Screen time |
| <input type="checkbox"/> Build close and connected relationships | <input type="checkbox"/> Self-harm |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Sex and sexual health |
| <input type="checkbox"/> Cannabis | <input type="checkbox"/> Sexuality and mental health |
| <input type="checkbox"/> Cut back on alcohol & other drugs | <input type="checkbox"/> Sleep |
| <input type="checkbox"/> Dealing with a relationship break up | <input type="checkbox"/> Sleep and gaming |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Stay active |
| <input type="checkbox"/> Eat well | <input type="checkbox"/> Tips for a healthy headspace |
| <input type="checkbox"/> Gender identity | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Get Into Life | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Getting help from a GP | <input type="checkbox"/> Understanding eating disorders |
| <input type="checkbox"/> Grief & loss | <input type="checkbox"/> Understanding gaming |
| <input type="checkbox"/> Healthy internet gaming | <input type="checkbox"/> What is mental health |

Would you like to join our mailing list for our newsletter? Yes No

Please complete this form and return via email attention to Service & Community Development Officer: headspacehawkesbury@uniting.org

Contact person

Service & Community Development Officer

P: 1800 517 171

F: (02) 4504 8887