

GROUP Registration Form

Today's date (dd/mm/yyyy): _____

Who is completing this form today?

Young person Other, please specify - Name: _____

Contact number: _____

Email: _____

If you are completing this form on behalf of the Young Person, do you have their consent? Yes No

Does the Young Person have any risk or safety concerns? Yes No

If yes, please describe: _____

Young person's details:

Title: Miss Ms Mrs Mx Master Mr

Given name(s): _____ Family name: _____

Preferred name: _____ Date of birth: _____

Pronouns: _____ Age: _____

What gender do you identify as?

Female Male Transgender Non-binary Other, please specify


Address (of usual residence): _____

Suburb: _____ State: _____ Postcode: _____


Home ph: _____ Mobile: _____ Alt ph: _____

Preferred ph: Home ph. Mob Alt ph.

Can we send SMS to your mobile no.? Yes No

 We send SMS (mobile text message) for appointment reminders, and other recalls and reminders.

Email: _____

 If you provide us with your mobile number or email address, you may get electronic messages from us. Please note, unencrypted forms of communication can be intercepted and are not considered secure for exchanging highly confidential or sensitive information.

Have you attended a **headspace** centre in the past? No Yes

If yes, was it **headspace** Camperdown? No Yes

Do you currently attend **headspace** Camperdown? No Yes

Please list your current clinicians/ care coordinators at **headspace** Camperdown:

OFFICE USE ONLY: Referral discussed with Clinical Lead/CED Officer: Staff Initial _____

OFFICE USE ONLY: ENTERED by Administration: Staff Initial _____

Have you received any mental health treatment in the last 12 months? No Yes

Are you currently attending any external services? No Yes (Please list them below)

If you were provided with any diagnoses, please list:

How did you hear about **headspace** Groups?

Word of mouth Internet search Referral/ recommendation Other:

Which **headspace** Group/s would you like to join?

- | | |
|--|---|
| <input type="checkbox"/> CONNECT (Social anxiety program) (17 – 25 yo) | <input type="checkbox"/> Family, Friends, Carers Group (all ages) |
| <input type="checkbox"/> (UN)STUCK program (18 – 25 yo) | <input type="checkbox"/> Neurodiverse Group (17 – 25 yo) |
| <input type="checkbox"/> Q group LGBTQIA+ (17 – 25 yo) | <input type="checkbox"/> ARTspace Teens (12 – 17 yo) |
| <input type="checkbox"/> Active Group (12 – 25 yo) | <input type="checkbox"/> ARTspace (18 – 25 yo) |

Are you of Aboriginal descent, Torres Strait Islander descent, or both?

Yes, Aboriginal Yes, Torres Strait Islander Yes, both Aboriginal and Torres Strait Islander No

What cultural background do you identify with? _____

In which country were you born? Australia Other, please specify

Do you speak a language other than English at home? Yes No

If yes, please indicate the main language other than English spoken at home:

Preferred language: _____ Do you require an interpreter? Yes No

Occupation (e.g. student): _____

List any known allergies: _____

Do you have any disabilities/health conditions? Yes No Unsure

If yes, please specify: _____

Do you require mobility assistance? Yes No

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NB: We will only contact your emergency contact and next of kin if we can't get hold of you and are concerned about your safety.

NEXT OF KIN:

Full name: _____

Contact number/s: _____

Relationship to you: _____

EMERGENCY CONTACT:

Who should we contact (in Australia) in case of an emergency?

Next of Kin Other, please specify

Full name: _____

Contact number/s: _____

Relationship to you: _____

Have you received two doses of the COVID-19 vaccine? Yes No

This question is to purely manage our work health and safety risks and to comply with any applicable NSW Public Health order. NSW public health orders require a person to determine upon entry if they have been vaccinated or if they are unvaccinated. These responses are kept confidential in your medical records file and won't impact your care at headspace.

Once completed, please email this form to headspace.camperdown@sydney.edu.au
Please note that acceptance into the headspace Camperdown group program will be at the discretion of the Clinical Lead and Group co-coordinator.

OFFICE USE ONLY: Referral discussed with Clinical Lead/CED Officer: Staff Initial _____

OFFICE USE ONLY: ENTERED by Administration: Staff Initial _____

PRIVACY NOTIFICATION AND CONSENT FORM

Before giving consent, it is important you have adequate information to inform your decision.

Please read the information below, along with our *Privacy and confidentiality* information leaflet and *Statement of client rights and responsibilities*. If you are having difficulties reading these documents, please speak to one of our staff and we will provide them in an alternative format.

Your personal information is protected by law, including the *Privacy Act 1988 (Cth) (Privacy Act)*. As a client of headspace Camperdown, we need you to provide some of your personal details and medical history so that we can carry out our service to you. We require your consent to collect personal information about you and to use the information you provide in the following ways:

- Administrative purposes in running headspace Camperdown, billing including compliance with Medicare and Health Insurance Commission requirements, Group Participation
- For disclosure to other workers within headspace Camperdown for us carry out our service to you
- For disclosure to others involved in your care outside of headspace Camperdown. This may occur through referrals and requests to other doctors and services, and in the reports or results returned to us following referrals
- For use to provide additional health services at headspace Camperdown
- For follow-up, reminders, and recall notices
- For research and quality assurance activities related to our provision of services
- To comply with any legislative or regulatory requirements for example the *Health Records and Information Privacy Act 2002 (HRIPA)*, the *Public Health Act 2010*, and *Children and Young Persons (Care and Protection) Act 1998*. headspace Camperdown is a voluntary service and any care and treatment we provide to you is subject to your informed consent. For us to carry out our service to you, it may be reasonably necessary for some of your information to be communicated or transferred outside of headspace Camperdown. If you do not provide some of your information, it may influence our ability to provide appropriate services. You can request a copy of our privacy policy and privacy management plan for more information about the collection, use and disclosure of your information.

By signing this form:

- I have read the information above and understand the reasons why my information must be collected.
- I understand that I am not obliged to provide any information requested of me, but failure to do so may compromise the quality of health care and treatment given to me.
- I am aware of my rights to access the information collected about me, except in some circumstances where access may be legitimately withheld. I will be given an explanation in these circumstances.
- I understand that if my information is to be used for any other secondary purpose, my further consent will be obtained.
- I consent to the use and disclosure of my information by headspace Camperdown for the purposes set out above, subject to any limitations on access or disclosure of which I notify headspace Camperdown

OR (tick below)

I am unsure and would like to discuss this further with someone from headspace Camperdown before signing.

Young person (client):

I,	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	,	<input style="width: 95%;" type="text"/>)
	First name		Surname		Date of birth (dd/mm/yyyy)	
give permission for headspace Camperdown to use and handle information collected about me and my health in accordance with the above conditions.						
Signature: _____			Date: _____			

If person signing is not young person (i.e., Parent or legal guardian)

I,	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>			
	First name		Surname			
give permission for headspace Camperdown to use and handle information collected regarding:						
	<input style="width: 95%;" type="text"/>			,	<input style="width: 95%;" type="text"/>)
	Name of young person (client)				Client's date of birth	
Signature: _____			Date: _____			
Relationship to young person: _____						