

(External) Group Registration Form

Date (DD/MM/YYYY): _____

Who is completing this form? Young person Other, please specify – Name: _____
Relationship to young person: _____
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: _____

Title: Miss Ms Mrs Mx Master Mr Pronouns: _____

Given name (s): _____ Family name: _____

Preferred name: _____ Date of birth: _____ Age: _____

What gender do you identify as? Female Male Non-binary Other: _____

Address: _____

Suburb: _____ State and postcode: _____

Mobile: _____ Parent/ carer's ph (if applicable): _____

Preferred contact: Mob no. Parent/Caregiver ph. Can we send SMS to your mobile? Yes No

Email: _____ We send SMS (mobile appt reminders, and other text message) for recalls and reminders.

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

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

Aboriginal Torres Strait Islander Both Neither

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? No Yes: _____

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

Occupation (e.g. student): _____ List any known allergies: _____

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

Do you require mobility assistance? No Yes

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

If Yes, please list your current clinicians / care coordinators at **headspace** Camperdown: _____

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

Have you received any mental health treatment in the last 12 months? No Yes
Are you currently attending any external services?

If you were provided with any diagnoses, please list:

How did you hear about headspace Groups?

Word of mouth Internet search Referral/ recommendation Other: _____

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 Same as emergency contact Other, *please specify*:

Full name: _____

Relationship to you: _____

Contact number: _____

EMERGENCY CONTACT (Australian contact)

Full name: _____

Relationship to you: _____










Contact number: _____

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.

headspace Camperdown group programs

Please tick the boxes for the group(s) that you are interested in:

		Age Group	Day and Time
<input type="checkbox"/>	 ACTIVE group: An 8 week program aimed to get Young people active and having fun	17 – 25 y.o	Weekly Mon 4pm – 5pm
<input type="checkbox"/>	ARTSpace: A social space to learn about different art processes and connect with others 	12 – 25 y.o	Weekly Thurs 4:00pm – 5:30pm
<input type="checkbox"/>	 Mind Over Mood: Workshops to help you to manage your behaviour and emotions and teach you skills that help you in your day-to-day life	13 - 17 y.o	Internal referrals only Wed 3:00pm – 5:00pm
<input type="checkbox"/>	Headband: A fun program for teens to share their interest in music and have the chance to play an instrument. 	12 – 17 y.o	Weekly Wed 4pm – 5:30pm
<input type="checkbox"/>	 Q-Group: A supportive space for LGBTQIA+ young people to meet and share ideas	12 – 25 y.o	Fortnightly Tue 4pm – 5:30pm
<input type="checkbox"/>	Autism Social Group: A group for autistic Young People to connect over fun activities, craft and games 	17 – 25 y.o	Fortnightly Tue 4pm – 5:30pm
<input type="checkbox"/>	 International Students Group: An opportunity for international students to meet, socially connect and discuss common issues important to them.	18 – 25 y.o	First Monday of every month (ON HOLD) Ask your clinician or reception for upcoming dates
<input type="checkbox"/>	Connect: An 8-week program for young people to learn the skills to feel more confident and manage anxiety in social situations. 	17 – 25 y.o	Quarterly (ON HOLD) Ask your clinician or reception for upcoming dates
<input type="checkbox"/>	 (UN)stuck: A 6-week program for young people to skilfully relate to difficult thoughts and emotions	17 – 25 y.o	Quarterly (ON HOLD) Ask your clinician or reception for upcoming dates