GROUP Registration Form



Today's date (dd/mm/yyyy	·):							
Who is completing this form today?								
□ Young person	\Box Other, please s	pecify -	Name:					
		С	ontact number:					
			Email:					
If you are completing this	form on behalf of th	e Young Pe	erson, do you have tl	heir consent? 🗆 Y	es 🗆 No			
Does the Young Person I	have any risk or safe	ety concerns	s? □ Yes □ No					
If yes, please describe: _								
Young person's details:								
Title: 🗆 Miss	Ms	□ Mrs	□ Mx	□ Master	□ Mr			
Given name(s):			Family name:					
Preferred name:								
Pronouns:								
What gender do you iden								
Female Male	□Transgender	🗆 Non-t	oinary 🗆 Other, pl	lease specify				
Address (of usual resider	nce):							
Suburb:	State	:		Postcode:				
Home ph:	Mobi	le:		Alt ph:				
Preferred ph: Home ph	n. 🗆 Mob 🗆 Alt ph.			S to your mobile no e text message) for appoin	.? Yes No tment reminders, and other			
Email:								
D 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 forexchanging highly confidential or sensitive information.								
Have you attended a hea	-	e past?		No 🗆 Yes				
If yes, was it headspace				No 🗆 Yes				
Do you currently attend h	eadspace Campero	down?		No 🗆 Yes				

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

OFFICE USE ONLY: CReferral discussed with Clinical Lead/CED Officer: Staff Initial_

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요구 headspace Camperdown					
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?					
Which headspace Group/s would you like to join? CONNECT (Social anxiety program) (17 – 25 yo) Family, Friends, Carers Group (all ages) (UN)STUCK program (18 – 25 yo) Neurodiverse Group (17 – 25 yo) Q group LGBTQIA+ (17 – 25 yo) ARTspace Teens (12 – 17 yo) Active Group (12 – 25 yo) 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?					
Do you speak a language other than English at home?					
If yes, please indicate the main language other than English spoken at home:					
Preferred language: Do you require an interpreter?					
Occupation (e.g. student):					
List any known allergies:					
Do you have any disabilities/health conditions?					
If yes, please specify:					
Do you require mobility assistance? Yes No					

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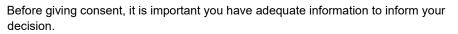
NB: We will only contact your emergency contact and next of kin if we can't get hold of you and are concerned about your safety.				
NEXT OF KIN:				
Full name:	Contact number/s:			
Relationship to you:				
EMERGENCY CONTACT:				
Who should we contact (in Australia) in case of an emerge	ency?			
□ Next 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 public health orders require a person to determine upon entry if they h are kept confidential in your medical records file and won't impact you	nave been vaccinated or if they are unvaccinated. These responses			

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 cocoordinator.

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PRIVACY NOTIFICATION AND CONSENT FORM



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, 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):**

Ι,			, (
	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)

L.				
First name give permission for headspace Camperdown to use and handl	Suman e information collected regardin			
	o mornation concered regarant	y.		١.
Name of young person (client)			Client's date of birth)
Signature:	_ Date:		_	
Relationship to young person:				

Privacy and Consent Form 2021.07.07 V1

Headspace National Youth Mental Health Foundation is funded by the Australian Government Department of Health