

self-referral form

This form is for young people aged 12-25 years old to fill out, or for family and friends to fill out on their behalf, to request support from headspace Colac.

We will respond to your referral within 1 week of receipt.

If you need immediate support and you are over 16 years of age please contact Colac Adult and Youth Service on 1300 763 254 Monday to Friday 9am-5pm. For after hours or if you are under 16 years of age contact Barwon Health Child and Youth Triage 1300 094 187. If it's an emergency call 000.

Privacy is important to us, the information on this form will be kept confidential in line with headspace and Barwon Health policies.
 headspace Privacy Policy: headspace.org.au/privacy-policy Barwon Health Privacy Policy: barwonhealth.org.au/privacy-policy

If you would prefer to complete a referral over the phone, please call headspace Colac on (03) 5232 5520

Note: If you are a teacher, GP, caseworker etc. please use our professional referral form.

request for support

Are you completing this request for yourself or on behalf of someone else?	for myself	on behalf of someone else
If on behalf of someone else, please provide your name:		
Is the person aware and consenting of you making this referral?	yes	no
date of referral:		

young person's details

name:	legal name:
pronouns:	gender:
date of birth: (DD/MM/YYYY)	languages spoken:
Is an interpreter required? yes no	
Are you Aboriginal or Torres Strait Islander?	
Yes, Aboriginal	Yes, Torres Strait Islander
No, neither	Unsure
Yes, Both Aboriginal and Torres Strait Islander	
Prefer not to say	

contact details

street address:	
suburb:	post code:
Is it okay to send relevant mail to this address? yes no unsure	
email address:	phone number:
contact preference: phone call SMS email	

emergency contact details

emergency contact name:	
emergency contact number:	their relationship to you:

further information

reason for contacting headspace Colac: *(please tick all that apply)*

- feeling down or stressed
- wanting to see a GP
- sexual health (including contraception and sexual health checks)
- support with work or study
- alcohol or other drugs negatively impacting your life relationship
- issues
- troubles with family or friends
- want to talk about sexuality or gender identity
- issues with bullying or harrasment
- physical health issues
- issues with self-harm
- suicidal ideation
- body image or eating
- other

please add any further information you would like to share with us:

Are you currently engaged in education, training, or employment?

If you answered yes, can you provide further details? *e.g., name of school attending, hours of work per week*

Would you like to involve a family member or support person in the next steps of connecting with headspace?

yes no unsure

Please save the completed form and email a copy to headspace Colac at: headspacecolac@barwonhealth.org.au

headspace Colac

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