

Tuning in to Teens: Expression of Interest

Name:

Email:

Phone number:

How did you hear about the program?

Please list your children and their ages:

Who resides in the family home?

Are you involved with any other services or supports, if so which?

Are your teens involved in any services or supports, if so which?

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Please advise of any relevant medical history for your teens (diagnosed or currently investigated), for example, anxiety, depression, autism spectrum disorder, ADHD:

Briefly describe any current issues or concerns within your family:

Who will be attending the program? Please list names and relationship to teen:

What do you hope to get out of the program?

Additional information:

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Thank you for expressing an interesting in the Tuning in to Teens program; we will be in touch with you to discuss your application.

Additional Information:

Tuning in to Teens is offered multiple times across the year and you may be placed on a waiting list.

We will endeavour to hold the program in-person at headspace, however as a health facility we may need to transition to online participation or implement additional safety measures to minimise the risk of transmission of COVID-19 and other respiratory illnesses. As such, you may be required to wear a face mask or may not be able to attend onsite if you have: tested positive for COVID-19, are a close/household contact of an individual with COVID-19, or are experiencing any cold/flu symptoms or gastro symptoms. If this is the case, you will be required to contact the centre on 5021 2400 prior to the session to discuss.

In submitting your expression of interest, you are consenting to participate in the Tuning in to Teens program if eligible and agreeing to the following terms:

- I will comply with entry requirements and mask mandates.
- I will ensure confidentiality of other participants by respecting their views, avoiding judgement, and not sharing any personal details of the discussions outside of the group.
- I will not consume alcohol/use substances whilst participating in the group sessions.
- I will not record or take images of any participants or any material within each session unless approved by the facilitator.
- If required to join by telehealth, I agree to do so in a private space where possible (use of headphones and closing doors can also help to protect privacy).
- I will not invite others to attend or watch the sessions unless I have pre-arranged this with the facilitator.

Signed: _____

Dated: ____/____/____