

Work and Study Service

Referral Form (external partners)

Young people can self-refer by calling 1800 810 794 or visiting www.headspace.org/work-and-study

Service overview

headspace Work and Study is a free employment and education support service for young people aged 15-25. The service connects young people with Work and Study Specialists to assist them with their work and/or study goals. The service is delivered entirely online, via phone, webchat or video conference.

While Work and Study Specialists are experts in the vocational field, they do not have a background in youth mental health. Our vocational specialists are available to work with referring clinicians, and other service providers where appropriate to support the vocational needs of the young person. The service has mental health Clinicians on staff to consult with vocational specialists and to support a small caseload of service participants.

Consent to Share Information and Referral

Please ensure this information has been read and discussed with the young person you are referring:

This referral and all information it contains will be received and processed by the Work and Study team. If they need any clarification they will contact the referrer. A member of the team will then make contact with you, give you some more information on the service and organise your first session. With your permission, your Work and Study Specialist will work together with your referrer to best support you to achieve your work and study goals.

It is important for you to know that the service uses the same data system as eheadspace, if you have accessed eheadspace previously (or access eheadspace in the future) your notes, webchats and emails will be visible to Work and Study staff. Using the same system helps ensure you get the most appropriate service and support. Work and Study will only access information that helps them in supporting your work and study goals or if they are concerned about your wellbeing. In this instance they will only do so with the interest of supporting you and in consultation with a Clinician.

Referrer details (details of individual making the referral):

Name:	Phone:
Organisation and role:	Email Address:

Young person's details:

***Please check that all details are accurate especially email address:**

Name:	D.O.B:	Gender identity & pronouns:
Email:		
Phone:		
Residential address: State: Postcode:		
Cultural identity and preferred language:	The Service has an Aboriginal and Torres Strait Islander Specialist. Does the young person identify as Aboriginal and/or Torres Strait Islander?:	Interpreter required:
Does the young person consent for the Work and Study service to make contact via SMS? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Young person's next of kin contact:

Name:	Phone:
Relationship to young person:	

Young person's work & study status:

Primary reason for referral to service (eg. young person is looking for work): <ul style="list-style-type: none"><input type="checkbox"/> Identifying strengths and building confidence<input type="checkbox"/> Career exploration<input type="checkbox"/> Researching courses for university or TAFE<input type="checkbox"/> Job search preparation e.g interview skills, resume and cover letter writing<input type="checkbox"/> Job seeking e.g find employment opportunities<input type="checkbox"/> Other -	
Current work status: <ul style="list-style-type: none"><input type="checkbox"/> Unemployed –looking for work<input type="checkbox"/> Unemployed – preparing to look for work<input type="checkbox"/> Unemployed – not looking for work<input type="checkbox"/> Employed – looking to change job<input type="checkbox"/> Employed (casual, part-time or full-time)	Current study status: <ul style="list-style-type: none"><input type="checkbox"/> Not studying – not wanting to study<input type="checkbox"/> Not studying – unsure of what to study<input type="checkbox"/> Not studying – needing assistance with enrolment<input type="checkbox"/> Studying (course details FT or PT) –
Does the young person experience any learning difficulties and/or any psychosocial constraints that may impact their capacity to engage in work and study?	

Young person's mental health (to be completed if they are accessing clinical support through your service): *This information is collected to understand the impact of the young person's mental health on their engagement with work and study. If potential benefits are identified in gaining further information, the service may contact the referrer to establish a plan about how we can best support the young person's needs and preferences.*

Is the young person receiving clinical support with your service? Yes No Have previously

If they are, or have previously, does the young person provide consent for clinical care collaboration to occur? Yes No

If yes, we will be in contact to discuss how we can best support this young person's goals in our service

Other relevant service/s involved in supporting the young person:

Name:	Phone:
Organisation:	

Name of regional Work and Study Specialist (if known): _____

On completion (one referral per email)

PLEASE attach to an email addressed to: help@headspace.org.au

Include in the subject line of the email 'Work & Study Referral [young person's name]'