

Service & Community Development Request Form

headspace Bankstown provides youth mental health services to schools and the community in the Bankstown and Canterbury local area.

The services provided have an educational and health promotion focus. We deliver these services to promote positive mental health and wellbeing. Please note that these services do not have a medical or therapeutic focus.

Please provide one month of lead time for all requests.

INFC	RM	ATIC	N REQUIRED:				
Name:				Orga	nisation:		
Phone: Email				Email:			
Preferred method of contact:							
Please advise which type of request you would like from the list below: (Please select one main option and at least one sub option)							
 ☐ Educational Workshop ☐ A healthy headspace (Introduction to mental health) ☐ Managing Stress (optional: exam stress) ☐ Alcohol & Other Drugs ☐ Bullying ☐ Other (please specify): 							
 ☐ Presentation ☐ Service & Referral (Introduction to headspace services) ☐ Information for Parents & Carers ☐ headspace School Support (Staff Only – prepare for, respond to, & recover from suicide) 							
			- "	ase provide 3 dates/ 	·		
					Duration (mins):		
2) D	ate:		Time:	Duration (mins):		
3) D	ate:		Time:	Duration (mins):		
Who will be attending?							
Young people (12-25) Parents, family members and carers of young people Service providers General community members Other (please specify):							
Year/Age:							
Size of Group (i.e. how many people to attend):							



Does the venue have access to a projector/screen and whiteboard? □Yes □No Any additional information: Are there any issues or incidents which headspace Bankstown should be aware of before presenting with the cohort? Please select the level of knowledge of the cohort's experience around mental health: Little Moderate __ High ☐ Lived Experience Have the cohort been informed about attending the workshop and know what it is about? Yes No Are there any people who have English as their additional language? If so, approximately how many within the cohort? ☐ Yes _____ people □No Are there any people who have cognitive delays and/or learning difficulties? Yes □No Are there any people who will have accessibility requirements or other adjustments to

receiving information? E.g. hearing loop

Yes – please specify _____

☐ No



 □ Promotional Material (We will only be able to send a limited num resources that are most needed). □ Centre Information □ Posters □ Fact Sheets 	nber of resources, so please prioritise					
 Alcohol Amphetamines Anger Anxiety Benzodiazepines Bipolar Disorder Build close and connected relationships Bullying Cannabis Cut back on alcohol & other drugs Dealing with a relationship break up Depression Eat well Gender identity Get Into Life Getting help from a GP Grief & loss Healthy internet gaming 	☐ If your friend is not okay ☐ Info for parents and carers ☐ Learn how to handle tough times ☐ Post Traumatic Stress Disorder ☐ Psychosis ☐ Screen time ☐ Self-harm ☐ Sex and sexual health ☐ Sexuality and mental health ☐ Sleep ☐ Sleep and gaming ☐ Stay active ☐ Tips for a healthy headspace ☐ Tobacco ☐ Trauma ☐ Understanding eating disorders ☐ Understanding gaming ☐ What is mental health					
Would you like to join our mailing list for our newsletter? ☐ Yes ☐ No						
Please complete this form and return via email attention to Service & Community Development Officer: headspace.bankstown@flourishaustralia.org.au						

Contact person
Service & Community Development Officer
P: (02) 9393 9669

F: (02) 8367 5124