**Psychoeducation and community engagement request form**

|  |
| --- |
| Please fill out this form and return to:  **Liz, Community Engagement Officer** headspace Bairnsdale  171 Main Street, Bairnsdale  [info@headspacebairnsdale.org.au](mailto:info@headspacebairnsdale.org.au)  Ph: 5141 6200 |

All requests will be considered however our capacity is dependent on the availability of staff. We require at least 4 weeks notice for events, depending on the request.  
Thank you!

|  |  |
| --- | --- |
| **Details** | |
| Organisation |  |
| Contact Person |  |
| Phone |  |
| Email |  |
| Proposed session dates |  |
| Please tick only one box  &  add proposed start time | |  |  | | --- | --- | | EDUCATION  \_\_\_\_\_ am/pm (1/2 hour)  \_\_\_\_\_\_ am/pm (1 hour) | COMMUNITY STALL  \_\_\_\_\_ am/pm (2 hours)  \_\_\_\_\_\_ am/pm (½ day) | |
| Approximate number of participants | 5-25  25-50  50-100 100-200  200+ |
| Session location |  |
| Audience age group |  |
| Type of participation  Please tick | Young people are required to attend  Young people are volunteering their time  Young people are registering their interest |
| **Background** | |
| Session topic (Provide as much info as possible about what you would like covered) |  |
| Presentation inclusions  Please tick | “What is headspace?”  Mental Health  Anxiety  Depression  Youth Advisory Group  Promotion stall at an event  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| Young people’s estimated level of knowledge about topic (Low/Med/High + detail) |  |
| Accessibility needs of participants that headspace staff should be made aware of prior to session/event. | Please add detail if required: |
| What outcomes are you expecting from this session? |  |
| Resources available at your facility that, if required, headspace staff can use.  (Please tick all applicable) | Projector  HDMI cable  Outdoor space  Table and Chair  Whiteboard (& markers)  Laptop |
| Would you like to receive input or review on your event by the headspace Youth Advisory Group? | YES  NO |
| Would you like to be informed of our upcoming events and updates? | YES  NO |
| **Other comments or information?** | |
|  | |

**A note about confidentiality**

*Confidentiality of young people is one of our top priorities at headspace. This means we may not be able to give you any information about a young person you are helping to access our service.*

*If you are supporting a young person who you believe has been referred to or is engaged with our service, we need to know that they consent for us to talk to you.* *You can do this by dropping into our centre with the young person or helping the young person to give us a call.*