

WORKSHOP REGISTRATION AND CONSENT FORM (DSS)

The Youth Service programs at HelpingMinds offer counselling, education and recreational activities to young people who are experiencing difficulties in their life.

WORKSHOP: _____

NAME OF SCHOOL/LOCATION: _____

HOW DID YOU HEAR ABOUT THE WORKSHOP?

☐ Facebook ☐ School ☐ Newspaper ☐ Poster ☐ HelpingMinds letter/text ☐ Other _____

HAS THE PARTICIPANT USED HELPINGMINDS SERVICES BEFORE? ☐ Yes ☐ No

PARTICIPANT DETAILS

Name: _____ DOB: _____

Address: _____

Gender: _____ Phone: _____

Background: ☐ Aboriginal ☐ Torres Strait Islander ☐ Aboriginal and Torres Strait Islander

☐ Other (please specify) _____

PARENT/GUARDIAN DETAILS (if applicable)

Name: _____ DOB: _____

Relationship to child: _____

Address: _____

Phone: _____ Email: _____

REFERRAL DETAILS (if applicable)

Name of referrer (ie. school, agency): _____

Name of organisation: _____

Email: _____ Phone: _____

Is the participant aware a referral has been made to HelpingMinds? ☐ Yes ☐ No

REFERRAL TO THE WORKSHOP

Is the participant/young person experiencing difficulties in their life? ☐ Yes ☐ No

Does the participant/young person have a diagnosed mental health issue? ☐ Yes ☐ No

Has the participant/young person experienced suicidal ideation or self-harmed in the last 3 months? ☐ Yes ☐ No

Does the participant/young person agree to participate in the program? ☐ Yes ☐ No

Does the parent/guardian consent for their child/young person to participate in the program? ☐ Yes ☐ No

Please list any agency/organisation that the young person is currently, or has previously been, linked with (please include the name of the worker and contact details): _____

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All HelpingMinds' support services are **confidential**. All documents/case notes relating to our client service delivery are kept in a secure location. There is a Duty of Care to break confidentiality if a person is identified at risk of harming themselves or others. Case files can be subpoenaed by court and staff are required by law to inform authorities regarding past, present or future crime(s).

- ☐ I have read, and I understand, the process above. I agree for myself/my child(ren) to engage in HelpingMinds services. I will contact HelpingMinds if I have further questions.
- ☐ (if applicable) I give permission for HelpingMinds to release and obtain information from my child's school for work/counselling purposes only. (Consent is only valid whilst your child is engaged with HelpingMinds).
- ☐ (if applicable) I authorise for myself/my child(ren) to travel with HelpingMinds staff on public transport, taxi or in a HelpingMinds staff vehicle to attend workshop activities.
- ☐ To improve HelpingMinds services I agree to do an evaluation via: ☐ Phone ☐ Email
- ☐ I would like to be notified of upcoming HelpingMinds workshops and events using the contact details on the previous page.

HelpingMinds staff members may take photos/videos of the workshop activities. These photos/videos may be used in HelpingMinds publications, website content and social media.

- ☐ I am aware that photos/videos may be taken during the workshop. I give permission for photos/videos to be taken of myself/my child(ren) for the above purposes only.

Please note: This service is funded by the Department of Social Services (DSS). The client information management system we are obliged to use is an IT system called the Data Exchange which is managed by the Australian Federal Government. Your personal information which is stored by the Department of Social Services (DSS) on the Data Exchange will only be disclosed to use for managing your case.

The Department de-identifies and aggregates data within the Data Exchange to produce information for policy development, grants program administration, research and evaluation purposes. This includes producing reports for sharing with service providers. This information will not include information that identifies you, or information that can be used to re-identify you, in any way. You can find more information about the way the Department will manage your personal information in the Department's Australian Privacy Principles (APP) policy which the Department has published on its website. The policy contains information about how you may access the personal information about you that is stored on the Data Exchange and seek correction of that information. This policy also includes information about how you may complain about a breach of the APP by the Department, and how the Department will deal with your complaint.

At times the Data Exchange Unit may like to contact you for further research to participate in relevant studies to help improve service delivery and/or policy development. **Please indicate if you would like the agency to contact you in the future for research or study purposes:** ☐ Yes ☐ No

Client or Parent/Guardian signature: _____ Date: _____

Parent/Guardian name: _____

SCHOOL STAFF: Please email the completed forms to intake@helpingminds.org.au

Or post to HelpingMinds, 182 Lord Street, Perth WA 6000

Phone (08) 9427 7100