

Youth Service Referral & Consent Form

The Youth Service program at HelpingMinds offers counselling, education, and recreational activities to young people who have a family member or friend with a mental health issue.

Guidelines for referral to the program:

- The child or young person is aged between 8 and 17 years.
- The child or young person has a family member or friend with a mental health issue and this mental health issue **is the main reason for referral**.
- The child or young person resides in the Perth Metro area.
- The child or young person is not currently (within 2 months) self-harming or experiencing suicidal ideation.
- The child or young person agrees to participate in the program.
- Parent/guardian written consent for their child/young person to participate in the program.

Please indicate the specific ways you would like HelpingMinds to assist:

- Counselling**

 Workshops

 School Holiday Activities

Referral Date: _____

Preference for appointments (tick one): Office
 School-Name of school/s: _____

Children's/Young Person's details:

Surname	First Name	DOB	Age	Address	Gender (M/F)	Ethnicity (ATSI/CALD)

Parent/Guardian details:

Surname	First Name	Relationship to Child	Contact Details (phone/email)

Name of Referrer: _____ Name of Organisation: _____

Phone Number _____ Email: _____

Is the young person aware a referral has been made to HelpingMinds? YES NO

Previous and/or existing contact with other agencies/organisations (e.g. Department of Child Protection) - Please list any agency/organisation that the child is currently, or has previously been linked with (please include the name of the worker and contact details):

1. **Confidentiality.** Confidentiality is a right for anyone attending counselling at HelpingMinds. Information disclosed during sessions is strictly confidential. Notes written after each session are kept in a secure location. Support workers may discuss information with their supervisor and peers for the purpose of professional supervision and continuous improvement. Support Workers have a duty of care to break confidentiality if they believe that the person receiving counselling is at risk and/or at risk of harming themselves or others. At times case files can be subpoenaed by court. In these instances HelpingMinds may be obligated to hand over case files. In some instances support workers are required by law to inform authorities if they have been given information about past, present or future crime(s).

I have read and I understand the process above. I agree for my young person/s to engage in HelpingMinds counselling services. I will contact HelpingMinds if I have further questions.

2. **Consent to Release Information to School.** It is helpful for counsellors to discuss relevant information about your child/ren with the school for counselling purposes. This authorization is only valid during the course of agreed work with HelpingMinds and the young person. This authority will remain in place until you indicate otherwise. Consent can be withdrawn at any time by notifying my HelpingMinds worker.

I have read and I understand the process above. I give permission for HelpingMinds to release and obtain information from my child's school.

3. **Consent to Release Information to Agencies or other Family Members (Optional)** Information that is exchanged is for the purpose of work as agreed by parent and or young person only. This authorization is only valid during the course of agreed work with HelpingMinds. Consent can be withdrawn at any time by notifying my HelpingMinds worker.

I have read and understand the process above and give permission for HelpingMinds obtain and release information from/to the following agencies or family members:

Please note:

This service is funded by the Mental Health Commission (MHC) of Western Australia. The information you provide on this form may be requested and used by the MHC for the purpose of research, analysis and evaluation of this service. This data will assist the MHC regarding the quantity and kind of assistance needed in the community as well as improving the delivery of the service.

Name of Young Person: _____

Parent 1 / Guardian 1 Name: _____

Signature: _____ Date: _____

Parent 2 / Guardian 2 Name: _____

Signature: _____ Date: _____

I am unable to get the second Parent / Guardians consent because:

I wish for HelpingMinds counselling to proceed without the second parent / Guardians consent:

Parent 1 / Guardian 1 Name: _____

Signature: _____ Date: _____

Please forward this completed form to:

HelpingMinds Youth Service WA
182 Lord St, Perth 6000
info@helpingminds.org.au
Phone: (08) 9427 7100 Fax: (08) 9427 7119
www.helpingminds.org.au