HEADSPACE
School Based Services

Headspace centres across Australia provide information, support and services to young people, aged 12-25 years, and their families. Headspace can help with general health and wellbeing and with alcohol and other drugs. Online and telephone mental health support is also available through eheadspace.

How Can Headspace Help?
If you are 12-25 and going through a rough time, headspace Port Augusta can help if you:

- Are feeling down, stressed or worried
- Are having difficulty with something in your life
- Need help with a health issue
- Have concerns about alcohol and drugs
- Want to talk about Sexual Health & Gender identity
- Want to talk about relationships
- Want to discuss contraception
- Are being bullied, hurt or harassed
- Need advice about education
- Are worried about a friend or family member
- Are pregnant and want to discuss your options.

How can young people access the headspace school based clinics at Port Augusta Secondary School?
Simple! Speak with a school counselor or phone headspace on 8641 4300 or call into the headspace office at 16-20 Railway Parade, Port Augusta and they can make an appointment for you. Clinics will be held fortnightly throughout the year in term time.

For the school based clinics (unless you are an independent student) you must have a general consent signed (on the back of this form) by your parent/care-giver.

Confidentiality
When you talk to a headspace worker what you say is confidential. This means nothing you say can be passed on without your permission, however there are a few exceptions.

If headspace is seriously worried about your safety, or the safety of someone else they must – by law- try to keep everyone safe. This means they might have to share their concerns with someone else. Talk with your headspace worker about confidentiality to ensure you understand how it works.

For more information about headspace: www.headspace.org.au
For more information about the school based clinics please contact PASS: 8647 3300.

If you require immediate support or medical assistance contact Emergency Services on 000 or Lifeline on 13 11 14 or Kids Helpline on 1800 55 1800.
PLEASE CIRCLE EITHER YES OR NO TO GIVE YOUR CONSENT TO THE FOLLOWING:

*Please note: These permissions are valid for the duration of your child’s enrolment at the school or until changed in writing.*

### Photos

Do you give consent for your child’s photograph, written comments and/or work samples to be published in School Publications, including the School Yearbook?  

<table>
<thead>
<tr>
<th>SPHO</th>
<th>YES / NO</th>
</tr>
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</table>

Do you give consent for your child’s photograph, (by still or video camera), audio, written comments and/or work samples to be used for promotional purposes? This could include viewing via the internet.

<table>
<thead>
<tr>
<th>SWEB</th>
<th>YES / NO</th>
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Do you give consent for your child’s photograph, written comments and/or work samples to be published in the School Newsletter of the Transcontinental Newspaper?

<table>
<thead>
<tr>
<th>SPUB</th>
<th>YES / NO</th>
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### Local subject-based excursions

Do you give consent for your child to participate in local excursions?  

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<tr>
<th>EXCU</th>
<th>YES / NO</th>
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Parents/Caregivers will be notified in advance of the local excursion whenever possible, including when excursions require travel on a school bus.

*Note: Additional consent will be required for camps and excursions beyond Port Augusta.*

### Medical

Do you consent in case of an emergency for your child to receive immediate medical attention, hospital, doctor, dentist, ambulance?

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<tr>
<th>EMER</th>
<th>YES / NO</th>
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Aboriginal Health Checks (Aboriginal Students Only). Do you consent to annual ears, eyes & general health checks for your child?

<table>
<thead>
<tr>
<th>PIKA</th>
<th>YES / NO</th>
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Do you give consent for your child to have an initial visit with a Headspace GP and/or Intake Worker?

<table>
<thead>
<tr>
<th>SBHS</th>
<th>YES / NO</th>
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*Note: This is a once only visit and any on-going referrals to the Headspace School Based Clinics require additional parent consent. This is a free and confidential service. Please turn over for more information on Headspace services.*

### SCHOOL POLICIES:

Please initial each box if you have read and understood the following policies as outlined in the information pack and Parent Handbook.

<table>
<thead>
<tr>
<th>Parent initial</th>
<th>Student initial</th>
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**STUDENT EXPECTATIONS AND CLASSROOM RESPONSIBILITIES**

**HARASSMENT**  
(Including consequences and action the school may take)

**SCHOOL NETWORK AND INTERNET USE**  
(Including access modification and banning periods).

**SCHOOL UNIFORM**  
(Parents of students not wearing a school uniform will be contacted and asked to bring a uniform in or purchase one from Student Services).

**MOBILE PHONES / PRIVACY**  
Phones are not to be used in lessons and parent contact is through the front office.  
(Includes use in lessons, the taking of photos or recording and responsibility for loss).

### PARENT/CAREGIVER DECLARATION:

Parent/Caregiver Name: ____________________________________________

Signed: ____________________________________________ Date: _____________

Student Name: ____________________________________________