

Please ensure all sections are completed and legible.  
 Return via **email:** [info@headspacemorwell.org.au](mailto:info@headspacemorwell.org.au) or **fax:** (03) 5136 8333

**headspace Referral Criteria :**

headspace is a voluntary service for young people aged between 12 and 25. **We can only connect with Young People if they have consented to the referral and are in this age group.**

The Young Person has consented to and provided permission for a referral? Yes  No

Is the Young Person aged 12 to 25? Yes  No

**headspace is not a crisis service.** We are unable to support severe mental health concerns or crisis referrals. **We suggest you please call the Mental Health Triage Line on 1300 363 322** if the young person requires urgent mental health assistance.

**Please call headspace Morwell on (03) 5136 8300 to ensure your referral has been received and to discuss anything further. If we are unavailable, we will respond to you within three working days.**

**Referrer Details:**

Name of Referrer: .....

Relationship to Young Person: ..... Organisation: .....

Contact Number: ..... Fax: .....

Service Address: .....

Email: .....

**Parent/Guardian/Carer: \***

Name: .....

Relationship to young person: ..... Contact Number: .....

Interpreter Required? Yes  No

Do we have permission to speak with the person identified? Yes  No

**Young Person's Details:** \*please note that if the young person is aged 15 and under, we will require a parent or guardian to be documented on this form.

Name: .....

Date of Birth: ..... Age: ..... Gender: .....

Address: .....

Suburb: ..... Post code: .....

Contact Number 1: ..... 2. ....

Cultural Identity: ..... Language Spoken at home: .....

Preferred language: ..... Interpreter needed: Yes  No

Indigenous Identity: Aboriginal  Torres Strait Islander  Both  Neither

