**Referral Guidelines**

**headspace Albury Wodonga** is a free, youth service for young people aged 12-25 years.

Together with Gateway Health as our lead agency and 9 local cross border agencies, we offer the following supports and services:

* General Practitioner appointments with Gateway Health Medical Practice (one appointment is reserved exclusively for headspace each day)
* MBS & PTS Psychological Therapy Services (Under GP Mental Health Treatment Plans)
* Youth Workers Care Co-Ordination
* Education and Job Seeking support and information
* Youth Generalist Counsellors
* Alcohol and other Drug Support Counsellors
* Sexual Health Clinic
* Community engagement, education and awareness
* Access to support around housing
* Centrelink Support Services

**PLEASE NOTE: headspace** Albury Wodonga is not an acute mental health/crisis service. If you have any immediate concerns regarding the safety and wellbeing of a young person please contact one of the following services for assistance; Mental Health Triage Services Victoria 1300 881 104, NSW Access Line 1800 800 944, Lifeline 13 11 14, Kids Helpline 1800 55 1800.

**In an emergency please call 000 immediately.**

**REFERRAL SOURCES**

**Self-referral** –Young people are encouraged to make contact with **headspace** Albury Wodonga directly.

**Family referral** – Families, carers or friends can refer a young person to headspace Albury Wodonga. The young person needs to be aware of and consent to the referral and be willing to meet with a member from the headspace Albury Wodonga team.

**By phone/email** – Call (02) 6055 9555 Please ask to speak to our duty worker and if a worker is not available someone will contact the young person within 2 business days during office hours, an answering service is available after hours, an email referral can also be sent to [headspaceAW@gatewayhealth.org.au](mailto:headspaceAW@gatewayhealth.org.au). Please save the document as an encrypted PDF in word. It is best to ring through the password to ensure the young persons’ details remain confidential

**Drop in** – Young people can call into the Albury Wodonga Centre 9am-5pm Monday – Friday. Staff will endeavour to see the young person on the day or the next available appointment will be offered.

**Professional referral** – General Practitioners, Allied Health Professionals, and community based agencies and educational institutions can refer to **headspace** Albury Wodonga using the attached referral form.

**headspace is proudly delivered in partnership with the following affiliates:**



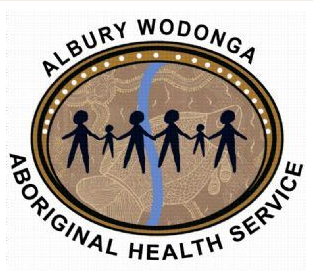




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For additional information regarding **headspace** Albury Wodonga, please contact the centre directly on **(02) 6055 9555** or visit our website [**www.headspace.org.au/alburywodonga**](http://www.headspace.org.au/alburywodonga)

**Referral Form**

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| *Please ensure all sections are completed and legible*. This form can be faxed to (02) 6024 5792, emailed to [headspaceAW@gatewayhealth.org.au](mailto:headspaceAW@gatewayhealth.org.au), or sent via post to 155 High Street, Wodonga VIC 3690.  **headspace Albury Wodonga** is a voluntary service for young people aged 12-25 years of age. Headspace can only engage with the young person if they have consented to the referral.  Has the young person consented to the referral? YES ⎕ NO ⎕  Is the young person aged 12-25 years of age? YES ⎕ NO ⎕  **headspace Albury Wodonga** is not a crisis service; we are unable to support severe mental health issues or crisis referrals. Please call Mental Health Victoria 1300 881 104, NSW Access Line 1800 800 944, or in an emergency call 000 for immediate assistance. |
| **Details of Young Person** |
| If the young person is under 16 years of age, have the parents or carers of the young person consented to the referral? YES ⎕ NO ⎕ If no, why not?  Surname: First Name:  Gender: Male ⎕ Female ⎕ Gender Diverse ⎕ Intersex ⎕ Indeterminate ⎕ Other ⎕  Date of Birth:  Address:  Suburb: Postcode:  Phone (home): Phone (mobile):  Email:  Preferred method of communication? Phone (home) ⎕ Phone (mobile) ⎕ Email ⎕ SMS ⎕  Do you identify as:  Aboriginal ⎕ Torres Strait Islander ⎕ Nationality:  Preferred language: Interpreter required: YES ⎕ NO  **Emergency Contact:**  Name: Relationship to young person:  Address:  Suburb: Postcode:  Phone (home): Phone (mobile): |

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| **Reason/s for Referral** |
| Wellbeing and Mental Health ⎕ General or Sexual Health ⎕ Alcohol and other Drugs  Work, School, Study ⎕Other Please specify:  Main issue/s:  Relevant past history:  Does the young person currently see any other services: YES ⎕ NO ⎕  If yes, please tick appropriate box/boxes: Drug and Alcohol ⎕ School/Other Counsellor ⎕  Youth Justice/Juvenile Justice(VIC & NSW) ⎕ Community Services ⎕ Adult Mental Health ⎕ CAMHS/NECAMHS ⎕ Child Protection ⎕  Other ⎕ Service:  Does the young person have a regular GP? YES ⎕ NO ⎕ If yes, please provide details below:  Name of GP: Contact Details:  Name of Service Provider: Phone:  Is the other service aware of the referral to headspace? YES ⎕ NO ⎕  Will the services involved continue working with the young person? YES ⎕ NO ⎕  What are your expectations of **headspace Albury Wodonga**? |
| **Details of Referrer** |
| Name of referrer: Organisation:  Relationship to young person:  Address:  Suburb: Postcode:  Phone (business hours): Phone (mobile):  Email: |