

# My FRIENDS Youth Skills for Life program

Term 1 & 2 2016



headspace Narre Warren invites registrations from young people aged 12-17 years interested in participating in a fun and interactive My FRIENDS Youth Skills for Life program.

Using an early intervention framework and evidence based practice, My FRIENDS Youth program aims to provide young people with the skills to:

- Build resilience and confidence
- Develop mindfulness and relaxation
- Explore thinking in positive ways
- Develop problem solving strategies
- Learn ways to deal with conflict

The program will provide **8 sessions over 8 weeks** in term 2. A parent and young person information session will be held on **Thur 21st April from 5:30pm to 6:30pm**

## Participation criteria:

To ensure a safe and productive learning experience for all participants, program participation criteria is as follows:

- Completed and returned a Registration Form
- Completed a headspace phone intake Assessment
- Committed to attending all sessions

For more information on the program visit:  
[www.friendsprograms.com](http://www.friendsprograms.com)



## Program info for term 2

### Dates:

(Parent info night 5:30pm—6:30pm)

Thur 21st April

(Program nights 4:15pm—6:15pm)

Thur 12th May

Thur 19th May

Thur 26th May

\*Tues 31st May\*

Thur 2nd June

Thur 9th June

Thur 16th June

Thur 23rd June

### Who:

Young people aged 12-17 years old

### Where:

headspace Narre Warren  
66 Victor Crescent, Narre Warren

### Cost:

FREE (incl materials & snack foods)

### Availability:

\*Limited places available

\*No new registrations accepted after **26th May**

### Interested?

Complete the Registration Form on the reverse side and return via **Fax: (03) 8738 9888** or **Email: [L.belshaw@headspacenarre.com.au](mailto:L.belshaw@headspacenarre.com.au)**

headspace provides FREE-YOUTH FRIENDLY-CONFIDENTIAL EARLY INTERVENTION COUNSELING SERVICES TO YOUNG PEOPLE AGED 12-25 YEARS AND THEIR FAMILIES. To access headspace services call 1800 367 968 or walk-in to a centre



REGISTRATION FORM	
<b>Program details:</b>	
<b>Program name:</b> My FRIENDS Youth Program	<b>Program term:</b> <input type="checkbox"/> Term 1 <input type="checkbox"/> Term 2
<b>Venue:</b> headspace Narre Warren (66 Victor Crescent, Narre Warren 3805)	
<b>Young persons details:</b>	
<b>Name:</b>	
<b>Date of birth:</b> ____/____/____	<b>Contact number:</b>
<b>Address:</b>	<b>Email address:</b>
<b>School:</b>	<b>Guardian's name:</b>
<b>Dietary or medical requirements:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide details about additional needs:	
<b>Referring workers details:</b>	
<b>Name:</b>	<b>Organisation:</b>
<b>Position:</b>	<b>Relationship to the young person:</b>
<b>Contact number:</b>	
<b>Is the young person currently involved with any services?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide details about the services:	
<b>Is the young person happy to give verbal consent for headspace to obtain further information from the services you have listed so we can have a better understanding of their history?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>headspace staff use:</b>	
<b>Completed form received:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Intake assessment conducted:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Additional notes:</b>	
<p align="center"> <b>Return completed forms via: Fax: (03) 8738 9888 <u>or</u></b>  <b>email: <a href="mailto:L.belshaw@headspacenarre.com.au">L.belshaw@headspacenarre.com.au</a></b> </p>	