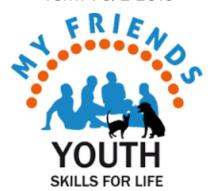
My FRIENDS Youth Skills for Life program

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





Program info for term 2

Dates:

(Parent info night 5:30pm—6:30pm)

Thur 21st Aprl

(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

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	
Program details:	
Program name: My FRIENDS Youth Program	Program term: Term 2
Venue: headspace Narre Warren (66 Victor Crescent, Narre Warren 3805)	
Young persons details:	
Name:	
Date of birth://	Contact number:
Address:	Email address:
School:	Guardian's name:
Dietary or medical requirements:	☐ Yes ☐ No
If yes, please provide details about additional needs:	
Referring workers details:	
Name:	Organisation:
Position:	Relationship to the young person:
Contact number:	
Is the young person currently involved with any services?	
If yes, please provide details about the services:	
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?	
	☐ Yes ☐ No
headspace staff use:	
Completed form received:	☐ Yes ☐ No
Intake assessment conducted:	☐ Yes ☐ No
Additional notes:	
Return completed forms via: Fax: (03) 8738 9888 or	
email: L.belshaw@headspacenarre.com.au	