**Please complete and return this form to** [**register@minds.care**](mailto:register@minds.care) **or to your current Minds Support Network correspondent**

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| **PARTICIPANTS DETAILS** | | | |
| **Name:** |  | **D:O:B / Age:** |  |
| **Gender:** |  | **Pronouns:** |  |
| **Address:** |  | **State:** |  |
| **Postcode:** |  | **Phone:** |  |
| **NDIS No:** |  | **Email:** |  |
| **Disability:** |  | **Health Cond:** |  |
| **Discord Username:** |  | **Plan mgmt type:** |  |

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| **RISK DETAILS** | |
| Is there a history of self harm? (if Yes, explain) |  |
| Is there a history of harming others? (if Yes, explain) |  |
| Is there a history of damaging property? (if Yes, explain) |  |
| Anything else we need to know? |  |

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| **PARENT / CARER / GUARDIAN CONTACT DETAILS + ALTERNATE CONTACT** | | | |
| **Name:** |  | **Relationship:** |  |
| **Phone:** |  | **Email:** |  |
| **Alternate contact person:** |  | **Alt. Contact Relationship** |  |
| **Alt. Phone:** |  | **Alt. Email:** |  |

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| **SERVICE COST PER HOUR AND EXPLANATION** | | |
| **Counselling (Private Therapy)** | $156.16 | Private Counselling with a Qualified Therapist |
| **Group Therapy (program of support)** | $78.08 | Group Therapy with a Qualified Therapist and other participants |
| **Workshops** | $156.16 / $78.08 | Choose a Workshop and either Private or Group Therapy |

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| **SERVICE REQUEST DETAILS** | | | |
| **Service requested 1:** |  | **Frequency:** |  |
| **Game:** |  | **Game ID (username)** |  |
| **Duration:** |  | **Add workshop:** |  |
| **Device / Console** |  | **Counsellor Gender Preferences:** |  |

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| **GOALS / FOCUSES / AREAS REQUIRING DEVELOPMENT** | |
| **Goal 1:** |  |
| **Goal 2:** |  |
| **Goal 3:** |  |

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| **SESSION PREFERED DAYS / TIMES (AVAILABILITY)** | | | | | | | | | | | | | |
| **Time (Please put an X in the time you would like the session to start, can choose multiple)** | | | | | | | | | | | | | |
| **DAY** | 8am | 9am | 10am | 11am | 12pm | 1pm | 2pm | 3pm | 4pm | 5pm | 6pm | 7pm | 8pm |
| Mon |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Tue |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Wed |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Thur |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fri |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sat |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sun |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Support Coordinator Name:** |  | **Email:** |  |
| **Support Coordinator Number:** |  | **Org:** |  |
| **Plan Manager Name:** |  | **Email:** |  |
| **Plan Manager Number:** |  | **Org:** |  |

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| **WHO DO WE SEND INVOICES TO?** | | | |
| Name: |  | Role, Business etc. |  |
| Email: |  | Phone: |  |

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| **FURTHER INFORMATION OR NOTES** |
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| **General Health and Mental Health Information** | | | |
| **Are you currently seeing a psychologist or counsellor?** |  | **If yes, what type?** |  |
| **Are you currently seeing any other allied health professional?** |  | **If yes, what type?** |  |
| **Have you previously received any type of mental health services?** |  | **If yes, what type?** |  |
| **Reason for previously receiving support?** |  | | |
| **Have you ever been on medication for your problem** |  | **Have you had any side effects on medication?** |  |
| **What are the main reason/s you are seeking support and any other** |  | **How are you currently managing your problem?** |  |
| **Is there anything you find difficult talking about (Subjects,Words or phrases that would trigger you)? Feel free to use this space to write down your thoughts:** |  | | |

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| **Family Mental Health History** | | | |
| **Alcohol or Substance Abuse** |  | **Family member/s** |  |
| **Domestic Violence** |  | **Family member/s** |  |
| **Eating Disorders** |  | **Family member/s** |  |
| **Obesity** |  | **Family member/s** |  |
| **OCD** |  | **Family member/s** |  |
| **Suicide Attempts** |  | **Family member/s** |  |
| **Bipolar Disorder** |  | **Family member/s** |  |
| **Anxiety Disorder** |  | **Family member/s** |  |
| **Clinical Depression** |  | **Family member/s** |  |
| **Dementia** |  | **Family member/s** |  |
| **PTSD** |  | **Family member/s** |  |
| **ADHD** |  | **Family member/s** |  |
| **Autism** |  | **Family member/s** |  |
| **Self-Harm** |  | **Family member/s** |  |
| **Narcissistic personality Disorder** |  | **Family member/s** |  |

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| **Additional Information** | | | |
| **What do you consider to be some of your Strengths** |  | **What do you consider to be some of your Weaknesses?** |  |
| **Do you consider yourself to be spiritual or religious?** |  | **Does your belief system or religion affect therapy or medical intervention?** |  |
| **What would you like to accomplish out of your time in therapy? (Write down some of your goals)** |  | | |

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| **Additional Therapies potentially interested in or to be used as part of therapy** | | | | | | | |
| **Art Therapy** |  | **Goal Setting** |  | **Vision Boards** |  | **Healthy Relationship** |  |
| **Education** |  | **Employment** |  | **Rehabilitation** |  | **Reading** |  |
| **Role-playing** |  | **Fandom** |  | **Tutoring** |  | **Harry Potter Therapy** |  |
| **Star Wars Therapy** |  | **Dating Therapy** |  | **eSports Dev** |  | **Mentoring** |  |
| **Animal Discussion** |  | **Sing Therapy** |  | **CBT** |  | **Storytelling** |  |

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| **Is there anything else we should know or you’d like to discuss?** |
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**Declaration**  
  
Minds Support Network strives to provide a safe, private and supportive environment for online counselling within a gaming platform through the use of, where possible, private servers, secure file keeping, private rooms for our counsellors, and hired moderators to create private chat rooms. However, due to the inherent limitations of this format online, we cannot provide a 100% guarantee when it comes to privacy and safety, As such you understand this fact and absolve Minds Support Network of all responsibility in instances,

You understand that Minds Support Network is a counselling and supportive gaming service only and not a replacement for when a psychologist and psychiatrist is required.

Here are some potential limitations and risks associated with using Minds Support Network:

* Limited control over participant environment: We cannot control your physical environment during sessions. This means we cannot intervene as effectively in situations of self-harm, harm to others, or injury caused by surrounding objects.
* Technical difficulties: Online platforms and games can experience technical issues like disconnections or lag. These interruptions could hinder communication and impact the effectiveness of the session.
* Limited non-verbal cues: Online counselling relies heavily on verbal communication. We may miss important non-verbal cues that could provide deeper insight into your emotional state.
* Privacy and security concerns: Gaming platforms is an internet based service which means it is at risk of hacking attempts. As such it may have limitations on data security and privacy. Though we do our utmost to provide private servers and private communication, and participant and data privacy, we cannot always guarantee complete confidentiality.

By using Minds Support Network's online gaming counselling and supportive gaming service, you acknowledge and accept the following:

Minds Support Network is not a substitute for professional in-person therapy or emergency services.

We cannot be held liable for any harm or injury, including self-harm, harm to others, or property damage, that may occur during or after online counselling sessions.

You are solely responsible for ensuring your safety and well-being during online sessions.

Additionally: This disclaimer does not supersede the Minds Support Network Privacy Policy and Terms of Use, which you can find at [https://minds.care/terms/](https://uk.minds.care/terms/). We encourage you to carefully review these documents before registering for our services. We recommend that individuals in crisis situations or with severe mental health concerns seek in-person specialist help from a qualified professional.

By registering for Minds Support Network's online gaming therapy service, you confirm that you understand and accept these limitations and risks.

**PROGRAM OF SUPPORT FOR GROUP THERAPY**

Please note: This program of support costs $78.08 per hour. To continue, participants must request to renew their agreement every 6 months. You can exit the program at any time. Missed sessions will still be charged regardless of session cancellation notification. If you miss 4 consecutive sessions, your participation will be cancelled, and future payments will stop until you choose to re-enroll.

**TO SUMMARISE**

To the best of my knowledge the information in this document is true. Minds Support Network accepts no liability or responsibility to incidents that relate to circumstances beyond our control at the participants end such as but not limited to self-harm, harm to others, injury via office equipment and any property damage due to emotional stimuli during our sessions. Minds Support Network provides counselling and supportive gaming only as the participant or those registering the participant accept that under no circumstances Minds Support Network will be liable for any harm or injury of any type.

I accept the disclaimer, privacy policy, terms of use and consent to communication regarding my enquiry and I confirm my registration to use Minds Support Networks services and accept the terms and conditions as stated on [https://minds.care/terms/](https://uk.minds.care/terms/)

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| **GROUP THERAPY PARTICIPANTS ONLY: Enter into a ‘Program of Supports Agreement’** | |
| I agree to proceed with GROUP THERAPY with Minds Support Network and enter into a ‘Program of Support’ Agreement to work towards the therapeutic goals as outlined in this document at a cost of $78.08 per hour. I understand I must request renewal every 6 months. I can exit the program at any time. Missed sessions will still be charged regardless of session cancellation notification. If I miss 4 consecutive sessions, my participation will be cancelled, and future payments will stop until I choose to re-enroll. | |
| **Name:** |  |
| **Date:** |  |
| **Signed:** |  |

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| --- | --- |
| **ALL PARTICIPANTS: Sign agreement to commence service** | |
| **Name:** |  |
| **Date:** |  |
| **Signed:** |  |