

 $\textbf{Please complete and return this form to } \underline{\textbf{register@minds.care}} \text{ or to your current Minds Support Network correspondent}$ 

PARTICIPANTS DETAILS							
Name:				D:O:B / Age:			
Gender:				Pronouns:			
Address:				State:			
Postcode:				Phone:			
NDIS No:				Email:			
Disability:				Health Cond:			
Discord Username:				Plan mgmt type:			
		RI	SK I	DETAILS			
Is there a history of self harm?	(if Yes, expl	lain)					
Is there a history of harming of	hers? (if Yes	s, explain)					
Is there a history of damaging	property? (if	Yes, explain)					
Anything else we need to know?							
PAREN	IT / CARER	/ GUARDIAN CO	TNC	ACT DETAILS + ALTERNATE (	CONTACT		
Name:				Relationship:			
Phone:				Email:			
Alternate contact person:				Alt. Contact Relationship			
Alt. Phone:				Alt. Email:			
SERVICE COST PER HOUR AND EXPLANATION							
Counselling (Private Therap	y)	\$156.16	Private Counselling with a Qualified Therapist				
Group Therapy (program of	support)	\$78.08	Gı	oup Therapy with a Qualified The	erapist and other participants		
Workshops		\$156.16 / Choose a Workshop and either Private or Group Therapy \$78.08					





	SERVICE REQUEST DETAILS												
Service requested 1:							ı	Frequency	y:				
Game	<b>e</b> :							•	Game ID (	usernam	e)		
Durat	tion:								Add workshop:				
Devic	e / Con	sole							Counsello Preferenc				
				GOALS	/ FOCUS	SES / AF	REAS R	EQUIRIN	G DEVELO	OPMENT			
Goal 1	L:												
Goal 2	2:												
Goal 3	3:												
				SESS	ION PRE	FEREC	DAYS	/ TIMES (	(AVAILAB	ILITY)			
		Time	(Please pu	ıt an X in	the time	you w	ould lik	e the ses	sion to st	art, can c	hoose m	ultiple)	
DAY	8am	9am	10am	11am	12pm	1pm	2pm	3pm	4pm	5pm	6pm	7pm	8pm
Mon													
Tue													
Wed													
Thur													
Fri													
Sat													
Sun													
												•	
Supp	ort Coc	ordinator	Name:					Email:					
Supp	ort Coo	ordinator	Number:		Org:								
Plan Manager Name:							Email:						





Plan Manager Number:			C	Org:				
WHO DO WE SEND INVOICES TO?								
Name:			Role, Busin	ess etc.				
Email:			Phone:					
		FURTHER	INFORMATI	ON OR N	OTES			
		General Healtl	n and Mental	Health In	nformation			
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 previous support?	ously receiving							
Have you ever been on medication for your problem					ou had any side on medication?			
What are the main reason/s you are seeking support and any other					re you currently ging your em?			
Is there anything talking about (Sul phrases that wou Feel free to use the write down your to	bjects,Words or ld trigger you)? nis space to							
		Famil	y Mental Hea	Ith Histo	ry			
Alcohol or Substa	ance Abuse		Family mem	iber/s				
Domestic Violence			Family member/s					





Eating Disorders		Family	member/s		
Obesity	′		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			member/s		
ADHD	ADHD		Family member/s		
Autism		Family			
Self-Harm			member/s		
Narcissistic personality Disorder		Family member/s			
	А	dditional	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?			religion aff	belief system or fect therapy or tervention?	
What would you like to accomplish out of your time in therapy? (Write down some of your goals)					

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	СВТ	Storytelling	

Is there anything else we should know or you'd like to discuss?

## 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 <a href="https://minds.care/terms/">https://minds.care/terms/</a>. 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 <a href="https://minds.care/terms/">https://minds.care/terms/</a>

	GROUP THERAPY PARTICIPANTS ONLY: Enter into a 'Program of Supports Agreement'							
work towards renewal every cancellation r	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:								
	ALL PARTICIPANTS: Sign agreement to commence service							
Name:								
Date:								
Signed:								

