



## Bright Side Learning & Therapy

### Group Application Form 2020/20201

Thanks for your interest in our Program, please complete all sections of this application form. Please nominate which group you are enrolling your child into:

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We will review this application form and determine suitability of your child for our group. In some instances a face to face meeting will be offered to determine whether your child is the best fit for our group. This intake meeting will be charged at the usual psychologist/consultants fee.

#### SECTION A

Child's Name:		Age:	DOB:
Address:		Post Code:	
Mum / Dad / Carer	Email address:		
Home Phone:	Mobile Phone:		
Emergency Contact/Pickup person	Emergency Contact Number:		
Does your child currently attend Side by Side Psychology or Bright Futures Mildura?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

Did your child attend any of Side by Side Psychology, Bright Future or Bright Side Learning and Therapy programs in 2019/20?  Yes  No

If Yes, please describe how they are familiar with our programs or educators/therapists.

## SECTION B

Does your child have any allergies?  Yes  No If yes, please provide details.

Do your child's allergies require the use of an Epi Pen  Yes  No

If 'Yes' please ensure your child brings the Epi pen along to each day of the program. IMPORTANT: Failure to do so will mean your child will be unable to stay for the program.

### **COVID-19 Safety Plan**

If you or your child has any symptoms of a cold or flu, we ask that you please do not attend, due to attempts to minimise the chances of the spread of COVID-19. We also insist on children washing or sanitising their hands immediately upon entering the building. Parents are requested to drop their child off at the front door and to keep time in the waiting area to an absolute minimum, with payments to be completed online.

## SECTION C

What are your child's special interests?

What skills would you like your child to learn in this group?

What are your child's strengths?

SECTION C continued... - **Your child's behaviour**

BEHAVIOUR: Please tick any of the following behaviours which best describe your child.

- Motivated, focused, attentive  Aloof  Anxious
- Rigid (wants most things on own terms)  Impulsive (acts without caution or concern for others safety)
- Physically aggressive (to peers or adults), please describe in detail below.
- Active and distracted
- Verbally aggressive to peers or adults (describe)
- Oppositional  Withdrawn (may hide or emotionally shut down when upset)
- May run away or want to leave situation when upset.

Does your child have any other significant behavioural issues?

- Yes  No (If Yes, please provide details of frequency, triggers and the most likely behaviour that can be expected, as we need to ensure that we are able to accomodate safely in our groups with children and adults.

**Your Child's School Setting and Learning Needs**

- Mainstream school setting
- Special School Setting
- An independent learner in mainstream school setting
- Support provided/required in mainstream school setting

## Section D

Notes on Payment Details: Please read this section carefully:

- \* Private payments: A non-refundable deposit of \$100 is required to accept the enrolment.
- \* Total program cost is \$750.00
- \* The completed form needs to be returned to Reception.
- \* If using email scan & send as a PDF attachment.
- \* Medicare rebates CAN be claimed for a group therapy program with a current Mental Health Treatment Plan (Group) from your GP if the program is delivered face to face. Non-attendance days will not be reimbursed and the group needs to be paid for in full before the group commences.
- \* Please note on occasion funding bodies such as HCWA and NDIS may not cover non-attendance days, in this instance, parents are responsible for the cost of the day.

### **Payment Options for the Group:**

- Payment enclosed (cheque)

Made out to: Kate French & Danielle O'Brien

Bright Side Learning and Therapy

- Bank Transfer (a receipt will be sent following payment)

BSB: 033242

Account Number: 549443

For Plan Managed NDIS clients, we must have your Plan Manager's details on file as well as a current Service Agreement between Bright Side Learning and Therapy and you.

Please put the invoice number on all payments made electronically.

## SECTION E

### Consent to Participate

Being the legal guardian(s) of \_\_\_\_\_,  
I (we) understood the explanation about the group which will be provided by  
Kate French and Danielle O'Brien and I (we) give consent for this intervention to take place.

I give permission for my child's photo to be taken for record keeping purposes only.  
I can understand my child's images will not be used for marketing and that I can withdraw  
my permission at any time.

Yes  No

#### Parent / Guardian

Name (Print): \_\_\_\_\_

Postal Address: \_\_\_\_\_

Phone numbers \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

Medicare card number \_\_\_\_\_ Number next to child's name on card \_\_\_\_\_

Signature \_\_\_\_\_

### Permission to Release Information

Information gathered as part of providing this group therapy program is strictly confidential. In  
order to discuss your child's progress with anyone, your written consent is required.

Where a GP referral via a Mental Health Treatment Plan (group) is being used for Medicare  
rebates, we are required to write a follow up after 6 sessions and require a re-referral to utilise  
the remaining sessions on the plan. This means you need to return to your GP after  
the 6th session.

A summary letter to your GP will be completed at the conclusion of the group.

Being the legal guardian(s) of \_\_\_\_\_, I (we) hereby  
give permission for Kate French to consult with, receive information from, or release information  
(about our child's behavioural, emotional, social and academic development) to the following  
people:

1. GP \_\_\_\_\_

2. (other) \_\_\_\_\_

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Check List: Please check your application, ensure all required sections are filled in, tick on the items on the list below, to confirm and sign where required. Your application process could be delayed and forms returned to you if any section of the application is incomplete.

I have filled in Sections A, B, C, D & E

I have read & understood the notes in Section D & E have filled in payment details

Return forms to Bright Side Learning and Therapy

(Bright Futures Mildura/Side by Side Psychology)

161 Lime Avenue, Mildura

P: 50215616

F:50453337

E:[reception@sidebysidepsychology.com.au](mailto:reception@sidebysidepsychology.com.au)