

The i.am pilot psychosocial support is service for children and young people up to and including 25 years of age who live in Western Sydney, South Western Sydney, the Mid North Coast or Tamworth regions. i.am is for everyone under the age of 25. We don't look at labels, we work with the person. Irrespective of how you identify, i.am welcomes you into a safe space. We would like to acknowledge the traditional custodian of the land on which we meet today, and pay respect to their elders both past, present & future.

i.am provides an individually-tailored approach for every child who had a suicide attempt, are at high risk of attempting suicide or have self-harmed (hurt or injured their body on purpose). This form can be completed for yourself, a family member or friend.

Who is this application for? Myself A family member A friend

It is our standard practice to obtain a parent or guardian's consent for children and young people under 16 years of age. If you are under 16 years of age, are your parents/legal guardian aware of this referral? Yes No

If you do not have parental/guardian consent but would still like to speak to someone, you can find a list of available services here: <https://www.health.nsw.gov.au/mentalhealth/services/Pages/suicide-prevention-services.aspx>.

Tell us about yourself

First name/s: _____ Last name: _____

Preferred name: _____ D.O.B: _____
(you cannot be aged over 25)

Gender Identity: Female Male Transgender Non-binary Gender fluid Other

Your preferred pronouns: _____ No pronoun preference

Address: _____ Postcode: _____

Email address: _____

Phone number: _____ Preferred contact method: _____

Country of birth: _____ Main language at home: _____

Do you need an interpreter? Yes No Do you use a hearing aid? Yes No

Do you identify as: Aboriginal Yes No and/or Torres Strait Islander Yes No

Tell us about who is supporting you

Any answers to the questions below will not influence whether you can access the i.am program but may be used to match the best supports for you.

1. Do you have any support? e.g. family, friends, a local doctor, a youth worker, anyone else, a pet:

Yes No Not sure

2. Who is supporting you? (Support from a doctor, Mental/Emotional Wellbeing Support, Youth Service, Child and family services, family or family of choice/peers, other)

Tell us how we can support you

3. Are there areas where additional support from i.am could help you work towards meeting your needs and goals? (e.g. skills to help find your way back, finding a home or a job, accessing education or getting back into school, etc. family stuff, housing support, family issues, educational help.)

Have we missed anything?

4. Is there anything else you would like to tell us about your situation that is important for us to understand? (eg. your physical health, relationships, use of alcohol and/or drugs. Are there things that are hard to talk about? You don't have to say what they are.)

Consent and protecting your information

At New Horizons, we take the utmost care in protecting your personal information. Privacy laws guide us in how we do this. If you want to know more, please ask us about our Privacy Policy available via www.newhorizons.org.au or ask us for a copy.

By completing this form, you agree that:

- a) The information you have provided is correct; and
- b) You have been given a Privacy Statement. You understand and give permission to New Horizons to manage your personal and sensitive information.

Your Name: _____ Date: _____ Signature: _____

Parent/ Legal Guardian Consent (if you are under the age of 16)

I agree that:

I give permission for _____ to apply for the i.am (Youth Aftercare Pilot) service

I have read the online application and acknowledge that the information is correct

Name of parent/legal guardian: _____

Contact number of parent/legal guardian: _____

Signature of parent/legal guardian: _____ Date: _____

**Thank you,
your i.am Support Team**