

MH - COPMI Expression of Interest Form

COPMI

**A program especially for children of
parents with mental illness aged 10 – 18
years**

*Completing this form simply means a
Wanslea worker will contact you and
your parent/guardian/responsible
adult to discuss the program and
answer any questions you might have.*

In accordance with the Commonwealth Privacy Act (1988) the personal information collected about children, young people and their families will be used in a confidential manner by Wanslea staff strictly for the purpose of managing the COPMI program. Clients are able to access their own information.

Your Information

First Name		Last Name	
Gender		Date of Birth	
Address			
Suburb		Post Code	
Contact (1)		Contact (2)	
Email			
Do you have access to a personal device? (phone, laptop, tablet, computer)		Yes	No
What instant messaging and video calling apps do you use?			
When is the best time for us to contact you?			

Please tick any of the following areas you may need support with:

- Mental Health** (e.g. coping with feeling sad, worried or anxious, dealing with stress or with change)
- Physical Health** (e.g. healthy eating, accessing health services, sleeping well, exercise and relaxation)
- Relationships** (e.g. family, friends, partner, at school, in your community, sexuality/gender questions)
- Material wellbeing** (e.g. housing, employment, managing money, transport, accessing services, living skills like cooking or cleaning)
- Learning and Development** (e.g. school or study issues, attending groups/sports/clubs)
- Safety** (e.g. bullying, violence, drugs/alcohol, family conflict, neighborhood conflict)

How would you describe any issues or challenges that you face?

We think it is important to have the support of a parent, guardian or a responsible adult who you trust and who can support you. This could be your parent, teacher or someone over 18 who you think can help you achieve your goals

Name	
Relationship to young person (e.g. parent, teacher)	
Contact No:	Email

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