

# Magic Coat Program



TOWARDS HAPPIER, HEALTHIER LIVES

The team at Direction Psychology are running the wonderful MAGIC COAT program. The Magic Coat is an analogy of an imaginary coat that helps children to feel safe and deal with a number of difficult situations they may come across in their young lives.

Across a 6-week after school program, The Magic Coat encourages children to use strategies to become confident and resilient but also radiate the positive qualities of love, happiness, compassion and kindness. Positive people feel safe, happy and relaxed and, when the vibe that they radiate is welcoming, they make friends easily.

Enrol your child, and our Psychologists will teach them to:

- Manage their worries
- Feel more confident
- Manage friendships and bullying
- Problem solve everyday issues
- Build resilience
- Have positive self-talk
- Communicate with other effectively
- Build positive relationships with friend and family

For all the details on our current term program days/times/costs/locations, please contact the Group Coordinator: [groups@directionpsychology.com.au](mailto:groups@directionpsychology.com.au)

If your child is on a GP Mental Health Care Plan, you are eligible for a rebate of \$21.65 per session, available at the end of the group. The MHCP must state that it can be used for Group Therapy and be given to the Group Coordinator before sessions start. Private Health rebates may also apply, check individual funds.

\*Payment to be made via Eventbrite: <https://www.eventbrite.com/o/direction-psychology-23375414468>

**Eligibility:** All children aged 5-11 are eligible to attend. Severe learning delays, aggressive behaviours, or non-compliance may deem them unable to enrol.

**Enrolments:** To enrol in this program, please complete the Enrolment Form and email back to Jess on [groups@directionpsychology.com.au](mailto:groups@directionpsychology.com.au) Confirmation of place is only done once an enrolment form is completed and reviewed by the Group Coordinator.

# Participant Details Form



TOWARDS HAPPIER, HEALTHIER LIVES

Title:	First Name:	Surname:
D.O.B:	Gender:	
Postcode:	Contact number:	
Contact email:		

Parent/Emergency Contact	
Name:	Phone:
Relationship:	

Participant information
What group are you enrolling in?
Reasons for attending the group:
Engagement issues e.g. (any issues on the participant's ability to participate in the group, such as attention/concentration issues, problems with group work, severe anxiety etc.):
Relevant Medical Information / Medication / Allergies (if applicable):
Emotion and Communication skills: (how would you describe the participant's communication style, how well do they discuss issues, how do they manage their emotions)
Is there any previous or current risk issues: (harm to others/self, suicidal thoughts, aggression)

How did you hear about us? (Please tick)			
Google	Friend	GP/ doctor	Psychiatrist
School	Social Media	Other:	

Referral & Medicare Details
(only complete if under a MHCP and intending on claiming the rebate)
Do you have a current MHCP in place?
Do you have a letter from your GP stating it can be used for group therapy purposes?
GP name and practice:
GP provider number:
Referral date:
Client Medicare number:
Client ref number and expiry:
Parent Medicare number:
Parent ref number and expiry:
Parent DOB:

## Confidential and Privacy Consent

### Psychological Services

As part of providing a psychological service to you, Direction Psychology will need to collect and record personal information from you that is relevant to your current situation. This information will be a necessary part of the psychological assessment and treatment that is conducted. You do not have to give all your personal information, but if you don't, this may mean that the psychological service may not be able to be provided to you.

### Confidentiality

All personal information gathered by the psychologist during the provision of the psychological service will remain confidential and secure except where:

1. It is subpoenaed by a court; or
2. Failure to disclose the information will place you or another person at serious and imminent risk; or
3. You prior approval has been obtained to:
  - a. Provide a written report to another professional or agency (e.g. GP or lawyer); or
  - b. Discuss the material with another person (e.g. parent or employer); or
  - c. Disclosure is otherwise requested or authorised by law

### Special conditions for minors

Children between the ages of 12 to 18 years may be seen as "Responsible Minors" and have the right of confidentiality. While we have duty of care to disclose any significant risk to your child's safety, we are also ethically and legally bound to respect your child's confidentiality and may not be able to discuss your child's personal reporting with you. You may discuss any concerns regarding your child's confidentiality with your group facilitator. We do offer optional parent feedback sheets at the end of the group, to provide suggestions on future services or strategies that may be beneficial for your child.

I, \_\_\_\_\_, have read and understood the above consent form. I agree to these conditions for the service provided by Direction Psychology.

Signature (Client) \_\_\_\_\_ Date: \_\_\_\_\_

Signature (Parent, if client is under 18yrs): \_\_\_\_\_ Date: \_\_\_\_\_