

Redicase User Request-Administration and Practitioner

Part A - All users

Name

Organisation

Email address

Please email completed forms to: <u>iar@brisbanenorthphn.org.au</u> Please contact My Mental Health Service Navigation team on 1800 752 235 for further information.

Contact phone number						
Service Delivery Location						
		Admin (able to view all referrals assigned to organisation) complete Part A B. If providing therapeutic services complete Part C				
			Practitioner – (able to view assigned re	•		
			A, B and C		7, 1	
			Sub Company Admin* (Only available t	ю Ме	ental Health Hubs, Brisbane MIND	
		, QC for LGBTI Health) complete Part A and B				
Part B – All users						
Г	art B – All users					
Program Name (⊠ More than one if required)						
Psy	ychological therapies		Aboriginal and Torres Strait Islander	12-	25 Years	
	Brisbane MIND - CALD		people		headspace Caboolture	
	Brisbane MIND - Suicide Prevention (Sub Company H	1N1*\	☐ IUIH Connect Low Intensity		headspace Redcliffe	
	Brisbane MIND - LGBTIQ+ (S	,	□ NewAccess		headspace Nundah	
	company QC for LGBTI Health*)		□ PM+		headspace Indooroopilly	
	Brisbane MIND - Trauma or Abuse		□ Sunshine Parenting		headspace Strathpine	
	(Sub company H4M)		Severe Mental Illness - Integrated		ASHA	
			Mental Health Hubs	Alc	ohol and other Drug Services	
			☐ Communify. The Recovery and Discovery Centre		Brisbane Youth Service	
	Brisbane MIND - Regional (B	ribie)	☐ Neami National. The Living and		Lives Lived Well	
	Brisbane MIND - Regional (Kilcoy)		Learning Centre		Queensland Aboriginal and Islander Corp Alcohol and Drug Dep Service	
	People affected by floods (Psych Therapy)		Stride Hub Caboolture.65 years and older		QuIHN - Queensland Injectors Health Network	
	Norfolk Island Mental Health	and	☐ (PAC) Wellbeing Program	The	Way Back Support Service	
wellbeing		Recovery Warriors		Communify		
NSPT		☐ Eating Disorders QLD		Brisbane Youth Service		
☐ Kurbingui				IUIH		
	QC for LGBTI Health				QC for LGBTI+ Health	

Part C – Practitioner Details only					
Type of Profession	 □ Clinical Psychologist □ General Psychologist □ Accredited Mental Health Social Worker □ Social Worker □ Occupational Therapist □ Mental Health Nurse □ Aboriginal or Torres Strait Islander Health/Mental Health Worker □ Low Intensity Mental Health Worker □ Psychosocial support worker □ Peer Support worker □ Other please detail: 				
Year of birth					
Gender	☐ Female ☐ Male ☐ Other ☐ Not Stated				
Have you completed a recognised training program in the delivery of culturally safe services to Aboriginal and Torres Strait Islander people?	□ Yes □ No □ Not Stated				
Aboriginal and Torres Strait Islander status	 □ Aboriginal but not Torres Strait Islander origin □ Torres Strait Island but not Aboriginal origin □ Both Aboriginal and Torres Strait origin □ Neither Aboriginal or Torres Strait Islander origin □ Not stated 				

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