

Making Connections:

Supporting Women with Experiences of Violence, Substance Use and/or Mental Health Concerns

INTEREST LIST—Please return this page to Alanna @ ACAWS (Adult women’s counsellor)

Name: _____ Safe Phone: _____

Address: _____ Safe E-Mail: _____

Birthdate: _____ Start Dates: **September 5---December 19, 2018**

Group Topics:

Phase I: Building A Foundation for Understanding Women’s Experiences of Abuse

Phase II: Supporting Women to Understand Their Partners’ Responsibility for Abuse

Phase III: Rebuilding and Finding Hope

Please answer the above questions to the best of your ability. Please circle your answer to the questions below. By answering the questions below, you are not committing yourself to the group, only letting us know that you are interested and would like to learn more.

- | | | | |
|---|-----|----|------------|
| 1) Are you comfortable being with a small group of women? | Yes | No | Don’t know |
| 2) Are you willing and able to commit to 16 weeks? (2.5 hours per week) | Yes | No | Don’t know |
| 3) Do you have any medical concerns that we need to know about? | Yes | No | Maybe |

(Any condition that would affect your participation in the group: call me if you are uncertain)

- | | | |
|---|-----|----|
| 4) Are you able to use stairs with ease? Group room on second floor. | Yes | No |
| 5) Are you attending other groups, or seeing a counsellor at this time? | Yes | No |
| If yes, are you willing to state who and where? _____ | | |

6) Do you self-identify as: First Nations Metis Inuit Other _____

7) How did you learn about this group? _____

8) Do you have concerns about attending because of lack of transportation: Yes No Maybe

An orientation session will be held prior to group start date for all women that are interested in attending group. Attendance is essential. Seating is limited. Are you able to attend the orientation: August 29 Wednesday @ 130 Yes No

Do you have any questions?

Please call the facilitator, Alanna at ACAWS @ 250. 724.7111 Extension 222 (Confidential voicemail)

alannac@acaws.ca

Thank you

Signed by: _____ Date: _____

Important: Please note that this document will be kept private and confidential.

(This page is for staff to complete.)

Contact & Communication Log

Name: _____ **Safe Contact #:** _____

Safe email: _____

Date 2018	Outcome: