

Making Connections:

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

INTEREST LIST—Please return this page to reception.

Name: _____ Safe Phone: _____

Address: _____ Safe E-Mail: _____

Birthdate: _____

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 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) Does the content of this group interest you? Yes No Maybe

2) Are you willing and able to commit to 16 weeks? (2.5 hours per week) Yes No

3) Have you attended a women’s group in the past? Yes No

4) Are you comfortable being with a small group of women? Yes No Maybe

5) 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)

6) Are you able to use stairs with ease? Group room on second floor. Yes No

7) Are you attending other groups, or seeing a counsellor at this time? Yes No
If yes, are you willing to state who and where? _____

8) Do you self-identify as First Nations Metis Other _____

9) How did you learn about this group? _____

10) Are you able to attend an information session on February 10, 2020 from 2:00pm – 4:00pm? Yes No

Please answer the above questions to the best of your ability. If you have any further questions about the group please feel free to call. Thank you so much for your time. 250.724.7111

Do you have any questions? Yes No

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 2017	Outcome:

