



Anglican Care

Building healthy communities

www.anglican care.org.nz

Matt Cameron
Oceans Grief & Loss Coordinator
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OCEANS- A GRIEF AND LOSS PEER SUPPORT PROGRAMME

Enrolment Form - Adults

Date:

| | | | |
|---------|------------|-----|---------------|
| Surname | First Name | Age | Gender |
| | | | Male / Female |

| | |
|----------------|-----------|
| Address: | |
| | Postcode: |
| Email address: | |
| Home phone: | Mobile: |
| Ethnicity: | |

Please note any medical condition we need to know about: eg. food allergies; asthma; epilepsy:

Are currently on any medication? Y / N What?

How did you hear about the Oceans programme? _____

When did the loss occur? _____

Please tell us about your loss:

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|--|-----|------|-----|-------|
| Please number in order of preference your choice of days that suit you for meeting | Mon | Tues | Wed | Thurs |
| | | | | |

To assist in covering the cost of the OCEANS Programme and to confirm your attendance, we would appreciate a payment of \$20.00. Our Westpac bank account number is: 03-0887-0333315-001

Signed:

Date:

Please return to 124 Luxmoore Road, or email: oceans@anglicanlife.org.nz