



# Anglican Care

Building healthy communities  
[www.anglican care.org.nz](http://www.anglican care.org.nz)

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## OCEANS- A GRIEF AND LOSS PEER SUPPORT PROGRAMME

Date: 12 October 2017

### Enrolment Form - Children

<b>Parent/Caregiver's Name</b> (The person filling this form in)				
Child's Surname	First Name	Date of birth	Age	Gender

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

**Please note any medical condition your child/ren may have that we need to know about: eg food allergies; asthma; epilepsy:**

Is he/she currently on any medication? Y / N What?

<b>Mother/Caregiver:</b>		<b>phone:</b>
<i>[and / or as appropriate]</i>		
<b>Father/Caregiver:</b>		<b>phone:</b>

How did you hear about the Oceans programme?

**Please tell us about your child's or children's loss:**

**When did the loss occur?** \_\_\_\_\_

Please number in order of preference your choice of days that suit you for meetings from 4pm to 5pm	1 <sup>st</sup> choice	2 <sup>nd</sup> choice	3 <sup>rd</sup> choice

**Please tick that you agree to the following:**

I understand that any information collected about my child or family circumstances will be used in a confidential and professional manner.

I undertake to notify the Oceans Co-ordinator of any changes of address or phone number; and/or any change of circumstances that occurs during the term my child is attending Oceans.

**If your child is to be collected by any other person not listed below it very important to notify the Co-ordinator.**

**Please complete name and phone number of people you approve to collect your child/ren**

Name:	Phone:
Name:	Phone:
Name:	Phone:

**I have a Protection Order:** Y / N

Save and email this form to [oceans.timaru@gmail.com](mailto:oceans.timaru@gmail.com) By so doing, you agree to the proceeding with an enrolment into an Oceans group. An email of confirmation will be sent to you.