



# Anglican Care

Building healthy communities

[www.anglicanlife.org.nz](http://www.anglicanlife.org.nz)

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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:


What are your best hopes for attending Oceans and what difference do you think it will make?


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

**Signed:**

**Date:**

Please return to 124 Luxmoore Road, or email: [oceans@anglicanlife.org.nz](mailto:oceans@anglicanlife.org.nz)

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