



Anglican Care
Building healthy communities
www.anglicancare.org.nz

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OCEANS- A GRIEF AND LOSS PEER SUPPORT PROGRAMME

Date:

Enrolment Form - Children

Parent/Caregiver's Name (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?

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

How did you hear about the Oceans programme?

Please tell us about your child's or children's loss: **When did the loss occur?** _____

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 meetings from 4pm to 5pm	1 st choice	2 nd choice	3 rd 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:

I have a Protection Order: Y / N

Save and email this form to 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. Could you also donate \$20 to 03-0887-0333315-001