



# Anglican Advocacy South Canterbury

Christchurch City Mission

Alexia Bensemann  
Oceans Grief and Loss Programme Coordinator  
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## OCEANS- A GRIEF AND LOSS PEER SUPPORT PROGRAMME

### Date: 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:		
Phone:	Alternative Phone:	
Ethnicity:		

**Please note any medical condition, medications or food restrictions we need to know about:  
eg food allergies; asthma; epilepsy:**

<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:**

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

Please number in order of preference your choice of days that suit you for meetings from 3.30pm to 6pm. If you would like us to approach a school please let us know which school to discuss a programme with.	1 <sup>st</sup> choice	2 <sup>nd</sup> choice	3 <sup>rd</sup> choice

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

To assist in covering the cost of the OCEANS Programme and to confirm your attendance, we would appreciate a payment of \$20.00. Our ANZ bank account number is: 06-0831-0007713-51

I understand and agree that the Oceans Grief and Loss programme is supported by Christchurch City Mission:

- Will treat my information with security by the programme coordinator and only share information with programme facilitators to enhance the relevancy and support of the programme.
- The City Mission will retain clients' personal information no longer than it is required for the purposes for which the information was collected.
- May use my information in a way that does not identify me for statistical or audit purposes.
- Cannot guarantee confidentiality when my personal safety, the safety of others or the safety of the participant are in question.

I can request at any time:

- To view information the Oceans Grief and Loss programme holds about me.
- To give feedback on Oceans Grief and Loss programme services.



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☐ 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:**

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