



# Widowed Separated Divorced

Support group

P O Box 1414

Wellington

## Course enrolment form

Details given on this form are strictly confidential and are used for the purposes of support only.

**Fees:** (to be paid when you enrol)

**\$100**

**\$50 if on benefit**

### Contact information

If you complete the 10-week WSD course your contact information will be entered on the WSD database unless you ask otherwise. This is because you are entitled to a year's free membership. Please indicate if your phone number and email address are confidential.

<b>Surname</b> current		previous	
<b>First name(s)</b>		<b>Date of birth</b> / /	
<b>If waged, what job do you do?</b>			
<b>Address</b>			
<b>Phone</b> home		work mobile	
<b>Email</b>			

The following details are strictly confidential to the course organisers and are used for support purposes only. For your privacy this information is not entered into a computer database.

### Your current status

**I have been** (please tick the appropriate box and enter the date it happened)

<input type="checkbox"/> <b>widowed since</b> / /	<input type="checkbox"/> <b>divorced since</b> / /
<input type="checkbox"/> <b>separated since</b> / /	<b>I hope to give my relationship another try</b> <b>Yes / No</b> (cross out the one that does not apply)
<input type="checkbox"/> <b>Other</b> (specify if you wish)	<b>since</b> / /

### Relationship history

(write the first and last name of your spouse(s)/partner(s), most recent first.)

Name of ex-spouse/partner	Years together	Any comments?

### Children

(write the names of any children you have as they may be part of the situation you're working through.)

Name	Age	Any comments?

**Feelings you have now** (write briefly about how you're feeling now and what topics you'd like to discuss during the course)

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**Counselling**

(if you are being counselled, please write the name of your counsellor)

**Spiritual/religious support**

(if you have a spiritual/religious advisor, please write the name of this person or the support system you belong to)

**Agreement and signature**

I expect that my privacy will be protected and I agree to protect other participants' private information.

Signature:

Date: / /