



Widowed Separated Divorced

Support group

P O Box 1414

Wellington

Course enrolment form

Fee: (to be paid at the first session)
\$100

Date
 (mm/yy)

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

____ / ____

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.

Surname current		previous
First name(s)		Date of birth _____ (Or approx age)
Occupation		
Address number and street		suburb
town/city		postcode
Phone home	work	mobile
Email		

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

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?



How are you managing?

Put a tick in the box that best describes where you are at.



--	--	--	--	--

I'm overwhelmed

Could anything change the way I'm managing right now?

I'm sceptical

I don't know that anything could change the way I'm managing right now.

I'm encouraged

How can I change the way I'm managing right now?

I'm confident

I know there are things I can do that will change how I'm managing right now.

I'm moving forward

I'm doing things that will change how I'm managing and it's working.

How are things affecting you?

What is affecting you the most?

What topics are you interested in?

What topics would you like to discuss during the course?

How did you hear of WSD?

((please circle the way you heard of WSD. There might be more than one way for example GP and brochure

Friend/neighbour/relative	GP	Counsellor	Hospice	Brochure
Radio	Newspaper	Been before	Searched on the internet	
Other _____				

Agreement and signature

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

Signature: _____

Date: / / .