

# Managing Loss, Grief & Continuous Trauma

*This information will be used to add you to the MyAnglican Database if you are not already there.*

**Please complete both sides of this form and return it to the Diocesan Office with payment by 21<sup>st</sup> April.**

Title: (Circle) Mr Mrs Ms The Revd Dr Prof Adv

First Name: \_\_\_\_\_

Middle Names: \_\_\_\_\_

Surname: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

*(This name will be used when addressing correspondence. When in doubt, use first name.)*

Date of Birth: \_\_\_\_\_

## Contact Details

E-mail: \_\_\_\_\_

Cell / Mobile: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Parish/Chapelry: \_\_\_\_\_

Facebook Page: [www.facebook.com/](http://www.facebook.com/) \_\_\_\_\_

Twitter Account: \_\_\_\_\_

Physical Address	Postal Address
Line 1: _____	PO Box: _____ or Street Address if different from Physical
Line 2: _____	Address: _____
Suburb: _____	Post Office: _____ or suburb if different from Physical Address.
Postal Code: _____	Postal Code: _____
City: _____	Province: _____
Province: _____	Country: _____
Country: _____	

## Profile Data

*This is for church statics only and will not be used to profile you or shared with any third party.*

*Place "Do not wish to say" if you are in anyway uncomfortable answering these questions*

Home Language: \_\_\_\_\_ Gender: M / F

Ethnicity: \_\_\_\_\_ Disability: \_\_\_\_\_

## Family Data

Marital Status: (Circle) Single Married Widow Widower Divorced Civil Union Cohabiting Engaged

Marriage Date: \_\_\_\_\_

# Managing Loss, Grief & Continuous Trauma

Hilary McLea

There are points available for Social Workers, and possibly for Psychologists and Nurses as well.

**Tuesday 2nd May at 17:00 to Friday 5th May 2017 at 16:00 at Mater Dei**

**Cost of Course: R700 per person**

***Please complete both sides of this form and return it to the Diocesan Office with payment by 21<sup>st</sup> April.***

***Please complete the sections below by writing your answer to these questions. This will help with the selection process.***

What training or qualifications do you have in helping people with loss, grief and trauma?

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What experience do you have in helping people in these situations?

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How do you think you will benefit by attending the course?

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***Please sign the following declaration:***

If selected I will participate fully in the entire course.

If I am not selected, I would/would not (please cross out what is not applicable) like to attend the Clergy School on Pastoral Care that takes place at the same time.

Signed: .....

Date: .....