



Thriving Lives Workshop Enrolment Questionnaire

Complete this questionnaire to enrol in an upcoming Thriving Lives Workshop.

Please return this form by saving it to your computer and emailing it back to us at admin@engagenz.co.nz or call us on 09 963 9455 to pass on your information over the phone. The auto-submit button at the top of the form will only work for people who use Outlook to send and receive emails. We will be in touch to confirm your enrolment.

Your information will be kept confidential to the team running the session and is used solely to make sure that the session will be the best use of your time. If you are unsure of anything, please give us a call.

1. Name:
2. Address:
3. Phone Number:
4. Date of Birth:
5. How disruptive are your symptoms of mental unwellness at the moment, if you were to rate them out of 10? Let 1 mean that the symptoms are not at all disruptive lately and let 10 mean that they are currently the most disruptive and distressing they can get.
6. Do you think you will be able to concentrate in a group situation?
7. Will you be able to attend the session Drug and alcohol free? (Note this includes being free from the effects of prescribed sedative medications).
8. Do you have any accessibility or other needs that the facilitator needs to be aware of?
9. What do you aim to get out of the session?
10. Are you enrolling to take part as a supporter as well?
 - a. If enrolling as a supporter, who will you be supporting?