**Women’s Leadership Skills Group   
Referral Form**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best method of contact: \_\_ Phone \_\_Text \_\_Email

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Can we leave a message? \_\_ Yes \_\_ No

Self-Referral: \_\_ Yes \_\_ No If ‘No’, please name the referral source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The Women’s Leadership Group is a nine (9) week group that introduces various skills and concepts to help empower women to become leaders within their communities. Successful candidates will be comfortable expressing themselves in a group setting, have a strong understanding of their personal strengths and a willingness to explore ways they can grow personally.*

Please list your current and past involvement in organized groups and/or activities. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Part of this program includes a 14 hour course in Mental Health First Aid. Are you comfortable discussing issues around mental health, possible triggers, resources, etc? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any reasons you may not be able to attend all 3 afternoons per week over the full 9 weeks? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any mental health or physical health needs that may require additional supports? If yes, please list how we can best support you. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What would you like to get out of this group? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please send referral to Erin Holland at F: 709.579.7855 or E:** [**e.holland@stellascircle.ca**](mailto:e.holland@stellascircle.ca)