

SHAFTESBURY MENTAL HEALTH PEER SUPPORT GROUP

WELCOME Group Agreement Rules and Guidelines

Confidentiality

- Only share what you personally feel comfortable sharing.
- Don't share outside the group any personal information about others discussed within the group.
- To keep everyone safe, there are exceptions to confidentiality. Please ask for further clarification

Respect

- Be non-judgemental and respectful of each other.
- Be sensitive and aware of others' feelings. Agree to disagree if necessary.
- Allow individuality and value diversity.
- Listen carefully to what others have to say and try not to monopolise the discussion. Allow others to finish speaking.

Please be aware that the group leader, Amanda has mental health difficulties herself (Depression, Anxiety, PTSD) and is not qualified or a professional. She is unable to deal with members' difficulties outside of the group or act as a go-between between members unless she has agreed contact previously during a session. Contact by text or phone regarding time of group, attendance etc. is fine, but no personal calls please

General Guidelines

- It is OUR group to develop as we wish. A feedback box is provided for ideas, suggestions, and difficulties. Named or anonymous notes are welcomed.
- The group is a 'drop-in' and people are welcome to come and go when they choose within the times of 2 pm and 4 pm.
- One of the aims of the group is that people will be able to show emotions without any fear of judgement or embarrassment.
- The group should be a safe place to talk about what is going on in your personal life should you choose to do so but it is also perfectly fine to be silent throughout a whole session or anything in between.
- A feedback box will be provided for ideas, suggestions and difficulties. Anonymous or named notes are both welcomed.

I agree to the above Group Rules and Guidelines.

NAME

SIGNED

DATE

SHAFTESBURY MENTAL HEALTH PEER SUPPORT GROUP

REGISTRATION FORM

Information about you.

I require the following information to contact you about changes to, or cancellations of group sessions, to inform you of other events you might be interested in and to be able to identify you to another agency in the event of an emergency (your GP or the emergency services).

All the identifiable information you provide is kept in the strictest confidence according to the General Data Protection Regulation 2018.

Your name: (In BLOCK CAPITALS)

Address including Postcode:

Emergency contact name, telephone number and relationship (e.g. spouse, parent, son, friend)

- GP:*
- Blackmore Vale Partnership (Abbey View,
Sturminster Newton, Fontmell Magna, Marnhull.)*
- Gillingham Medical Practice Surgeries*
- Other – (Please state)*

Mobile Phone:

Landline

Email:

Please ONLY contact me by: (Tick ALL that apply)

Post

Mobile Phone

Email

Text

Landline

Would you like to be reminded by TEXT shortly before the regular group sessions?

Yes / No (delete as appropriate)