

Attn: Kelly



SPEAK UP!

This group is for anyone who is wanting to learn more about their Rights and Responsibilities and how to advocate for their safety, rights and opportunities within the community. The group is ideal for those who will be able to participate in, and contribute to conversations with peers regarding the above issues.

Date: Wednesday's January 30, 2019– April 3, 2019

Time: 10:00am - 11:30am

Cost: \$10


Location: 1914 9th Avenue S.E.

A brief interview will be conducted with each applicant prior to the start of the workshop to ensure that it will meet the needs of those who attend.

For more information, please review our FAQ sheet or contact:

Kelly Debevc 403-207-5115 ext. 273

debevck@supportedlifestyles.com

 MAIL
Kelly Debevc
Supported Lifestyles Ltd.
#210, 495 36th Street NE
Calgary, Alberta T2A 6K3



FAX:
(403) 207-5125
Attn: Kelly



Speech

Hearing

Mobility

Please identify 3 goals you would like to achieve by the end of the 10-week group:

1. _____
2. _____
3. _____

Emergency Contact Information:

Person's Name	Telephone Number(s):
Guardian/Family:	
Day Support	
Agency _____ Name _____	
Residential Support	
Agency _____ Name _____	

In the event that a sudden medical emergency occurs, efforts will be made to obtain treatment consent from the guardian and to notify the service providers involved. In the event that the guardian cannot be reached, I hereby authorize Supported Lifestyles Ltd. to **seek emergency services**. It is the responsibility of the attending physician(s) and support personnel to obtain consent, or for the physician to decide to treat without guardian consent.

Note: Guardian approval (if applicable) is required for this course! Guardian signature authorizes Supported Lifestyles to contact the client's service agency, PDD or other services to obtain information pertinent to the needs of facilitating the workshop and is effective for the duration of the group.

☼ **Individual's Signature** _____

☼ **Date** _____

☼ **Guardian Signature (if applicable)** _____

I, the Guardian/Agent/Independent Adult, give my permission to Supported Lifestyles Staff to videotape/record and or photograph the individual for the purpose of Educational, Training and /or Group promotion. I am aware that I can revoke, revise or terminate this authorization at any time.

Yes No _____ **Initials**

Application for Speak Up may not guarantee you a spot in the group.

The final selection of participants will be made once each applicant has had an interview. Once the participants for the group have been selected, all applicants will be notified by telephone.

Completed applications can be returned to:

<p>Mail: Kelly Debevc Supported Lifestyles #210, 495 36 Street NE Calgary, Alberta T2A 6K3</p>	<p>Fax: (403) 207-5125 Attention: Kelly</p> <p>Email: debevck@supportedlifestyles.com</p>
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Should you have any questions, please contact Kelly at (403) 207-51 15 ext. 273