



# WOMEN'S GROUP

## FOR WOMEN WITH DEVELOPMENTAL DISABILITIES

**Date:** Fridays, February 2nd to April 6th, 2018.  
**Time:** 10:00 to 11:30am.  
**Location:** 1914 9th Ave SE , Calgary.  
**Cost:** \$10.<sup>00</sup>



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 Elyse Seppala-Ulrich:

**403-207-5115 ext. 264**  
[seppalae@supportedlifestyles.com](mailto:seppalae@supportedlifestyles.com)

**Application deadline is**  
**Friday January 5th, 2018**

**Those applying after this date may not be accepted into the group. Applications can be sent to:**



**MAIL:**  
Elyse Seppala-Ulrich  
Supported Lifestyles Ltd.  
#210, 495 36th Street NE  
Calgary, Alberta  
T2A 6K3



**FAX:**  
(403) 207-5125  
Attn: Elyse



[seppalae@supportedlifestyles.com](mailto:seppalae@supportedlifestyles.com)

- Some topics included are:
- ◆ Individuality
  - ◆ Diversity
  - ◆ Self Esteem
  - ◆ “Girl Code”
  - ◆ Empowerment
  - ◆ Equality
  - ◆ Women’s Health





Please check if you require assistance with any of the following:

- Reading                                       Writing                                       Sight  
 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):
<b>Guardian/Family:</b>	
<b>Day Support</b>	
Agency _____ Name _____	
<b>Residential Support</b>	
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 provider 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 Women's Group 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:**

**Mail:** Elyse Seppala-Ulrich  
 Supported Lifestyles  
 #210, 495 36 Street NE  
 Calgary, Alberta  
 T2A 6K3

**Fax:** (403) 207-5125  
 Attention: Elyse

**Email:** seppalae@supportedlifestyles.com

Should you have any questions, please contact Elyse as above or at (403) 207-5115 ext. 264

