



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

- Reading                                       Writing                                       Sight  
 Speech     Hearing                                       Mobility

How has anger impacted your life? Please explain:

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**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 Ltd. 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 the Anger Management 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  
 Supported Lifestyles Ltd.  
 #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

