

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

Reading
 Speech

Writing
 Hearing

Sight
 Mobility

Circle below the information that you think would be most helpful for you to learn about during our class.

- Dating issues
 - Legal issues and abuse within a relationship
 - Healthy boundaries
 - How to develop a long term relationship
 - Assertiveness
 - Decision making about relationships or sexual activities
 - Masturbation
 - Sexual behaviour involving another person (such as kissing, sexual intercourse)
 - Sexual anatomy
 - Sexual fantasy
 - Sexual dysfunction
 - Sexual abstinence
 - Safe sex and sexually transmitted infections
 - Contraception
 - Sexual orientation (heterosexuality and homosexuality)
- Other:** _____

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 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 Sexual Education and Healthy Relationships 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
#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

