

## **HeartSafe Haven Support Sign Up**

**Purpose:** This policy aims to promote inclusivity and support for women by providing them with the opportunity to join a support group or receive individual support. It also outlines the procedure for joining and attending the sessions.

**Eligibility:** All women, irrespective of age, ethnicity, background, or any other characteristic, are eligible to join the support group or receive individual support.

**Support Group Sessions:** **A.** The support group meets twice a week, Tuesday's and Fridays at 4pm. However, in order to accommodate as many participants as possible, the schedule may be subject to change. Participants will be notified in advance of any adjustments to the meeting times. **B.** Regular attendance is encouraged, but participants are not required to attend all sessions. They may join as per their convenience and availability.

**Individual Support:** **A.** In addition to the support group, individual support is also available. Women who prefer one-on-one sessions can request individual support by email or any other form of communication. **B.** Individual sessions will be scheduled based on the availability of both the participant and the support provider.

**Application Process:** To join the support group or request individual support, interested women should complete a membership form. Membership forms can be obtained from HeartSafe Havens email [heartsafehaven@mail.com](mailto:heartsafehaven@mail.com) Once completed, the forms should be printed or scanned and sent to [heartsafehaven@mail.com](mailto:heartsafehaven@mail.com)

**Privacy and Confidentiality:** **A.** All personal information provided on the membership forms will be treated with the utmost confidentiality and will only be used for the purpose of administering the support group and individual support. **B.** Participants' identities and any personal details shared during sessions will be kept strictly confidential, and participants are encouraged to respect the privacy of others as well.

**Code of Conduct:** **A.** Participants are expected to treat each other with respect, kindness, and empathy. **B.** Any form of discrimination, harassment, or disrespectful behavior towards fellow participants or support providers will not be tolerated and may result in immediate termination of membership.

**Amendment of Policy:** This policy is subject to change or update. Any amendments will be communicated to the participants via email, the organization's website, or through other appropriate means.

By joining the support group or availing individual support, participants acknowledge that they have read and understood this policy and agree to comply with all its provisions.

Date: [Insert Date] Signature: [Participant's Signature]

**Personal Information:**

**1. Full Name:**

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**2. Email**

**Address:** 

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**3. Phone Number:** 

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**4. Preferred Mode of Communication (e.g., Email, WhatsApp, etc.):**

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**5. Availability/ Preferred Meeting Days and Times:**

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**6. Anything else you would like us to know or consider?**

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**7. I agree to abide by the group's guidelines and respect the confidentiality of other members.**

**Please Sign and Date**

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