CONSENT FORM

GROUP INTERVENTION WORKSHOP
Transitioning to civilian life and the related grieving process

NAME OF PARTICIPANT:_____

1. GOALS FOR THE WORKSHOP

The goal of this workshop is to accompany the participant in the process of demystifying the difficulties linked to grieving issues in connection with social and occupational transitioning.

More specifically, it involves becoming aware of the potential issues in transition and the grieving involved in the process of re-engaging with society and adapting vocationally.

Specific objectives:

1- To recognize the steps in a transition and identify at which step I find myself.
2- To analyze transitions experienced previously and identify tools which served in the past.
3- To recognize the phases involved in the grieving process and learn in which phase I am.
4- To identify the resources available (personal, social and institutional) and take advantage of them in my transitioning.

2. CONFIDENTIALITY

Your personal information will remain confidential. Your name and any other information which might serve to identify you will not appear in any document. Only the staff will have these details which they will keep in a secure place.

3. ADVANTAGES AND INCONVENIENCES

By taking part in this group intervention, you will be able to contribute to a better understanding of the process of socio-professional transitioning. The only inconvenience is the time you will need to devote to this activity.

4. RIGHT TO WITHDRAW

Your participation in this intervention is entirely voluntary and you may withdraw from the project at any time by simply advising the leader with no need to justify your decision. Should you decide to end your participation, you must notify the leader.

CONSENT

I have read the above information and have no further questions concerning this intervention and the nature of my participation.

I freely consent to taking part in this project and understand that I am free to withdraw at any time without the need to justify my decision.

Surname	First name	Signature	Date

I declare that the goal, nature, advantages and inconveniences related to this group intervention have been explained to the participant and that I have answered to the best of my ability the questions posed.

Name	First name	Signature of staff leader	Date
Name	First name	Signature of staff leader	Date

For all questions about this intervention, or to withdraw from the project, please contact:

Name of staff leader	Phone number	Email
Name of staff leader	Phone number	Email