

Vol ID: 4Doc ID: 4.21Page: 1 of 5**Hillsong S.A.F.E. programs****interview sheet for participants**

Introduce yourself, your role in SAFE Program, how long you have been involved, etc.
(If appropriate, mention the fact that you have also been a participant.)

Participant's Name _____

Age _____

Hm Phone _____

Mobile _____

Address _____

Program applying for _____

Interviewed by _____

Date _____

Questions to ask Participants:**PART A – Personal Details**

1. **Do you know what courses we provide and if so which would you like to do?**
(Inform them that the S.A.F.E program is specifically for those who have experienced sexual abuse)

2. **How did you come to hear about this course?**
(This helps establish a person's understanding of the program and determines how much explanation is needed. It also helps ascertain the kind of support network the person may or may not have.)

3. **Can you tell me briefly about your family background and current situation?**
(Keep it brief, just enough to indicate their needs)

Married/ single / divorced/ separated (circle) Number of children _____

4. **Can you tell me how old you were when you were abused?**

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For how long did this continue? _____

Was it a relative or family friend? **Family / Friend** (please circle)

5. **Do you have a support network? Yes / No** (please circle)

Can you explain it to me

PART B - Personal Health

I would like to ask you some questions about your general health.

1. **How would you rate your health?** (please circle) **1 2 3 4 5** - 1 being bad to 5 being very good.

2. **Have you ever received care for your emotional / psychological health?** Yes / No
Please explain?

(This is an essential issue. If the person is currently under medical supervision you may need to contact the doctor or therapist to ascertain suitability and support for the application. Taking this additional step is at your discretion, but if you do go ahead the applicant will firstly need to sign a Medical Release form).

3. **Have you now / past had counselling / group therapy for your sexual abuse?**
Yes / No If yes please specify

4. **Do you visit your Doctor regularly?** Yes / No

5. **Are they aware that you are applying for this course?** Yes / No

6. **Are you currently on medication?** Yes / No
If yes please specify

7. **Have you ever had thoughts of suicide?** Yes / No.
If yes when was this?

If suicidal thoughts are recent or current - **Do you have a plan for this?**

(If in they have a clear plan inform them that by law you are required to report this to the local mental health services – *Refer to the Suicide Response Procedure*)

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8. Is there anything else you would like to tell me about yourself with regard to this program?

PART C INTERVIEW OUTCOME: STEPS TO TAKE

For the Interviewer – Please choose an option below based on the information that you have received so far. Please take into account the person’s stage of recovery and current emotional / mental health status.

Based on the information you have provided:

- A. You have been accepted into the _____ course.
Proceed to Part D
- B. It seems that the _____ course would actually be more suitable for you at this point in time, rather than the one you were interested in.
Proceed to Part D
- C. I will need to consult with the S.A.F.E. team about whether or not our program is going to be suitable for your needs at this time. We will get back to you ASAP.
Outcome of Meeting: Course _____ / Referral
Proceed to part D if the S.A.F.E. team confirms course suitability
- D. I will need to contact your doctor for more information before we decide whether our program will be suited to you. Before I can ring your doctor, I will need you to sign and return a medical consent form which I will mail out to you.

Please can I confirm your details for sending the medical consent. It is your responsibility to get this form signed and back to me so that I can talk to your doctor.

Form Sent - _____ (date)

Contact with Doctor

Date _____

Comments from Doctor re suitability of course

Proceed to part D if the S.A.F.E. team confirms course suitability once you have spoken to Doctor. Alternatively, please refer to appropriate service

PART D – Preparation for Course

Date: _____

1. **What are your expectations in doing the course?**

Most people say release or closure, other have different reasons.

Vol ID: 4Doc ID: 4-21Page: 4 of 5**2. Do you have any apprehensions about the course?**

This is the place to alleviate fear. Begin the discussion of confidentiality, assuring the person that no-one will do anything to them or cause them to do anything they do not choose to do. In other words privacy and choice is respected. However, they do need to realise that sharing and feedback are part of the healing process, and we have often seen the level of healing being dependant on their participation.

3. Discuss the issue of confidentiality.

This must be well established in the applicant's mind as it may in fact be a new thought. Point out this is for their privacy and that of others, and includes not discussing who is in the group even with their partner, and not revealing what is said in the group even after the program finishes. What is said in the group stays in the group.

4. Attendance - are you able to attend all sessions?

This is important! If the person is going on holidays in the middle of the course, then it is inappropriate for them to commence. This also applies if they cannot attend the two opening sessions. We have found these initial sessions, which include the Arena of Healing and vital small group introductory processes, are essential to a fruitful outcome for the group and the participants. Binding and trust are otherwise delayed and the absent person may never feel part of the group.

5. Explain how the program runs.

Video Teaching (45 mins approx) for each program; small group (1 hour approx) for sharing and interaction with teaching.

Stress the importance of not missing a session. Check that they are familiar with the dates that the program runs.

6. Group Agreement

In conclusion, Tell the applicant they will receive a copy of the Group Agreement in the mail. Explain that this Agreement needs to be read before the program commences. On the first night, each participant will be asked to sign a further copy of the Agreement and hand to the facilitator.

Form Sent - _____ (date)

Note: All applicants must receive a copy of the Group Agreement prior to the program commencing.

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At the end of the interview ask them if they have any other questions.
