

An 8 week group for those bereaved by suicide *EVENING*

Commences:
Tuesday 12 October

Concludes:
Tuesday 30 November

Time: 7.00pm-9.00pm

Venue: Richmond

Melbourne Cup Day:
Due to the Melbourne Cup Public Holiday, the session in that week will be on the evening of Wednesday 3 November.

Purpose

We recognise that those bereaved by suicide have some unique experiences and issues.

This group will provide an opportunity, in an understanding and confidential environment, to assist with this experience.

This group is appropriate for people who are between three and eighteen months bereaved.

Participants of this group will be invited to be part of a research project being conducted by Louise Flynn, Co-ordinator of Support After Suicide, as part of her doctoral studies. If you do not wish to participate in the research an alternative group is available.

Support After Suicide

Jesuit Social Services

Potential benefits

Participants will have the opportunity to:

- Receive information about suicide and the experience of suicide bereavement
- Gain a greater understanding of the unique issues and experiences associated with bereavement following suicide
- Spend time and communicate with others who have also been bereaved as a result of suicide
- Develop resources to assist with the experience.

The group will be led by Martin Ryan and Sehar Warren, both experienced and qualified counsellors.

The group is free of charge.

Your friends and family

There will also be an opportunity during the course of the group for your friends and family, who are supporting you with your experience, to attend an **Information Session** about suicide and the experience of bereavement after a suicide.

Support After Suicide
16 The Vacluse
Richmond VIC 3121

Phone: 9427 9899
Fax: 9427 7119
Email: aftersuicide@jss.org.au
Web: supportaftersuicide.org.au



Registration — October 2010 group — EVENING

To register, complete the following information and return by mail, fax or email to Support After Suicide. We would like you to meet with one of the group facilitators before attending the group so we will be in contact to arrange an appointment.

Name: _____

Address: _____

Phone: H _____ W _____ M _____

Signature: _____ Date: _____