Beginning Experience International Ministry, Inc. REPORT FORM — ASIA PACIFIC REGION TEAMS <u>Coping with Life Alone</u>

File #

To display the first part this form, set document margins at 1" top, bottom and both sides.

Team:						
Venue Name and Address:						
Program Start Dates (yyyy/mm/dd):	Program End Dates (yyyy/mm/dd):					
Cost of the Venue if any: \$	Cost of Program to Participants: \$					
Was the program conducted in full accordance	with the Manual for Coping with Life Alone?					
Number of sessions included (6, 7, 8, 9, or 10)						
Were any changes made in the program? (N making such changes.	OTE: Authorisation is REQUIRED before					
Were personal experience talks written and	presented by the facilitators?					
Were talks from the DVD for Coping with I	ife Alone used in the program?					

FEES:

Number of participants	
Participant fee per person — due for the entire series on the first session attended	x \$20
Total participant fees due	\$

Fees to be paid in Australian currency; make payable to Asia Pacific Regional Board.

Report submitted by:	Send this completed form with
Name:	fees to:
	Kevin Locke, Treasurer
Address:	Asia Pacific Regional Board
	126 Government Road
Phone:	Nelson Bay, NSW 2315 Australia
riiolie.	Australia
E-mail:	AND
Date (yyyy/mm/dd):	Email a scanned copy to Lyn
	Reynolds, President, at
	lynreynolds21@yahoo.com.au
	AND
	Email a scanned copy to the
	International Ministry Center at
	imc@beginningexperience.org

Access the most current version of this form from www.beginningexperience.org;

User name: Asia-Pacific Password: SrJosephine

Please tell us about the programme

Programme highlights:
Programme concerns:

Complete on the following pages—

- The team list providing information about the team presenting the program
- The participant list providing information about those attending the program
- The participant attendance form indicating the sessions each person attended

NOTE: This important information is compiled to provide critical data for grant writing purposes and to present a profile of who we are and a profile of the people we serve to those who support our ministry.

TEAM LIST - (NOTE: Please set document margins for this page at 0.75 inches top, bottom and both sides)

B=Borrowed (please indicate home team) TEAM ROLE - Please use this code: F1=First time facilitator/presenter C=Coordinator/overall/assistant F=Facilitator/presenter S=Support LOSS – Please use this code: W=Widowed O=Other loss S=Separated D=Divorced N=Non-Christian Faith (Jewish, Muslim, First Nation, etc.) P1=Episcopalian, Lutheran, Methodist, Presbyterian RELIGION - Please Use this Code: P2=Other Protestant/Christian U=Unknown C=Catholic

Leave blank if a non-believer

Team Role															
E-mail															
Area code + mobile phone															
Area code + home phone															
Zip															
St															
City															
Address															
L s															
Re lig io n															
Date of Birth: yyyy/mm/ dd															
x e S															
Last Name															
First Name															
No.	1	2	3	4	5	9	7	8	6	10	11	12	13	14	15

PARTICIPANT LIST – (Please set document margins for this page at 0.75 inches top, bottom and both sides)

RELIGION - Please Use this Code:

C=Catholic

P1=Episcopalian, Lutheran, Methodist, Presbyterian

N=Non-Christian Faith (Jewish, Muslim, Native American, etc.) P2=Other Protestant/Christian

U=Unknown

LOSS - Please use this code:

W=Widowed S=Separated D=Divorced

O=Other loss

Leave blank if a non-believer	

E-mail															
Area code + mobile phone															
Area code + home phone															
Post Code															
š															
City															
Address															
2 o c															
Re lig io n															
Date of Birth: yyyy/mm/ dd															
× e N															
Last Name															
First Name															
	-	2	3	4	5	9	7	8	6	10	11	12	13	14	

PARTICIPANT ATTENDANCE: Please mark with an "X" for each session attended

	o.	a																38-10
10	Where to.	Option																IMC 2008-10
6	Growth thro	22																
8	Coping with Memories																	-
2	Relationships Coping with with Others Memories																	
9	Changing Family	Optional																
2	God and Church	Optional																
4	Trusting Self																	<u> </u>
8	Coping with Trusting Grief Self																	
	Being Alone																	
1	Get to Know Group	Optional																
		FIRST NAME																
		LAST NAME																
		NO.	1	2	3	4	2	9	7	8	6	10	11	12	13	14	15	