



Greetings from Shooting Starz – A Canadian Not-For-Profit dedicated to providing psychosocial services for folks experiencing displacement through the criminal justice system.

As you go through the following forms, **please be mindful that the first 3 forms are mandatory** to provide services aligned with regulatory and legal requirements.

Depending on which program you are interested in, there may also be further collateral information required. **All programs are cost-free for individuals in contact with the law.**

One-to-one Counselling only: 50-minute weekly counselling sessions with a focus on how our involvement in the justice system has impacted our lives and seeking room for growth.

Group Counselling: Select from our available supportive or therapeutic groups that you are interested in.

Brighter Dayz Certificate Program: Structured combination of both One-to-one and Group counselling. Upon completion, a certificate is provided which outlines your time commitment to the program and goals achieved.

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What to expect after submitting this referral

- 1) Someone from our team will reach out to schedule a Meet and Greet with a Counsellor from Shooting Starz; we may also contact your referral source.
- 2) You will meet with a Counsellor in person, or online, and determine if you would like to proceed with the program you have applied for 😊. This is a great opportunity to share what your goals are and ask questions to see if both your Counsellor and the program you selected are a good match.
- 3) Following your Meet and Greet, we will provide you with the details to our agreed upon individual and/or group sessions. If applicable, this information will be shared with the referring agency as well.
- 4) We hope to see you at our first session, where we dive further into your goals, experiences, and seek **transformation** from what we know about our purpose -- into reality.

Please note. These programs are intended for individuals in contact with the justice system: this includes both past and present involvement.

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Form 1: Informed Consent

Therapy offers a safe space to explore your thoughts, emotions, and insight into the world. This process is not always easy, and there may be challenging moments - ones which we may explore. We will continue to encourage ourselves to remember what our goals are for the session, and that our resilience will keep us going. **Clients have the right to refuse counselling or to terminate counselling at any time.** Clients also have the right to ask questions and receive information about the counselling process.

Counselling can provide clients with emotional support, problem-solving skills, and strategies for coping with difficult situations. Although our staff are professionally trained and licensed, there are some risks associated with counselling: such as emotional discomfort, increased anxiety or stress, and changes in personal relationships.

Shooting Starz appreciates the impact that people who have been involved in the criminal justice system experience. Our counsellors have either lived or professional experience within the justice system -- and believe that with the right supports -- growth and transformation is possible.

By signing below, you acknowledge that you have read and understood this consent form and agree to participate in counselling and the procedures outlined above and/or within your application package.

Client Name:

Counsellor Name:

Signature:

Counsellor Signature:

Date:

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Form 2: Confidentiality Agreement

Your therapist will respect your privacy during this process and at anytime thereafter. Your information and our discussions will always remain confidential, **except where mandated by law**, and any release of information provided to anyone would require you to sign a release of information form.

However, your therapist is required by law to breach confidentiality in the following circumstances:

- Suspected child/elder abuse and/or neglect
- There is an imminent threat of harm to yourself or others
- A legal subpoena requires the therapist to submit information

(Please circle)

Do you understand the limits of confidentiality? Yes No

Do you wish to proceed with your program choice? Yes No

Client Name:

Client Signature:

Date:

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Form 3: Client Information (Mandatory)

Please attach any relevant psychiatric and/or forensic assessments completed, as well as any recent hospital discharge summaries.

Client Name:

Date of Birth:

Preferred Pronouns:

Address:

Can we send mail here? Yes No

Emergency Contact Name:

Phone:

Relationship:

Referring Agent Contact:

Referring Organization:

Which Program are you interested in participating in?

- a) One to One Counselling only
- b) Group Counselling only
- c) Brighter Dayz Certificate Program

Formal Mental Health Diagnoses: Yes No

If yes, please indicate:

Are you currently certified under your province's Mental Health Act?

Yes No

If yes, please attach up to date Forms related to this certification.

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Current Medications:

Please list any medical conditions we should be aware of:

Do you require any accommodations with respect to accessing services? If so, please describe:

Have you received a formal forensic or psychiatric assessment?

Yes No

If yes, please attach.

Please list any current probation, bail, or parole orders or conditions:

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Form 4: Client Information (Optional)

Please briefly describe what you would like to receive from the program you have chosen:

Please check any of the following symptoms you are experiencing:

- Depression
- Anxiety
- Panic attacks
- Obsessive thoughts/compulsions
- Flashbacks of traumatic memories
- Eating Disorder
- Substance use
- Other (Please specify): _____

Have you been involved in counselling and/or therapy before? Yes No

If yes, what has worked well for you during therapy in the past?

Has there been anything that you did not appreciate during your time spent with other counsellors / therapists?

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Have you heard of Restorative Justice before? Yes No

If yes, please briefly describe what you understand about it:

Do you have any personal experience with Restorative Justice?

Yes No

If yes, please describe your experience:

Do you feel that Restorative Justice Principles could be helpful in resolving any current conflicts or issues in your life?

Yes No

If yes, please explain:

Please share anything else you'd like to before connecting – feel free to attach extra sheets if required:

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