**Application for Counselling Support**

**Information on Confidentiality Policy**

The Healing Fund for Japanese Canadians offers programs for community education and healing for survivor families of Mr. Nakayama’s clergy sexual abuse and for the communities that have been affected. These healing initiatives are possible through funding from the Anglican Church of Canada as a step in the reconciliation process. If you require any help with this form please contact a member of the Healing Fund. A list of frequently asked questions can be found at [www.anglicanhealingfundforjapanesecanadians.com/faq](http://www.anglicanhealingfundforjapanesecanadians.com/faq)

All personal information provided by applicants will be confidential between you and the Healing Fund for Japanese Canadians Project Office – referred to as the Healing Fund PO. The Anglican Church of Canada does not have access to these application forms or email correspondence. Applicants will not have contact with representatives of the Anglican Church of Canada. Any questions or concerns can be raised to a member of the Healing Fund.

How to apply

1. Complete this application.
2. Send your application package in an email to [anglicanhealingfund@najc.ca](mailto:anglicanhealingfund@najc.ca) with your name and the title of the program in the subject line. For example, “A. Yamato, Counselling Support Form.”

**Counselling Support Application Form**

| **File Number: \_\_ - 20\_\_ - \_\_\_** (Completed by Healing Fund Project Office) |
| --- |

| Date: |  |
| --- | --- |

(DD/MM/YYYY)

**Contact Information**

| Name: |  | Birth Date: |  |
| --- | --- | --- | --- |

| Mailing Address: |  |
| --- | --- |

| Email Address: |  |
| --- | --- |

| Phone: |  |
| --- | --- |

**Emergency Contact:**

| Name: |  |
| --- | --- |

| Address: |  |
| --- | --- |

| Phone: |  |
| --- | --- |

**Applying on behalf of a(n):**

| * Individual | * Couple | * Family |  |  |
| --- | --- | --- | --- | --- |

**Information about Counselling/Therapy**

| Are you or any of your family currently seeing a counsellor or therapist? | * Yes | * No |
| --- | --- | --- |

| If yes, who? |  |
| --- | --- |

| Past counsellor / therapist: |  |
| --- | --- |

| Reason for past counselling / therapy: |  |
| --- | --- |

| Reason for seeking counselling / therapy now: |  |
| --- | --- |

**Connection to the Clergy Sexual Abuse History of Mr. Nakayama**

Are you a survivor of Mr. Nakayama's clergy sexual abuse?

| * Yes | * No |
| --- | --- |

If yes, what was the contact, the length of time of contact, and how were you directly affected by Mr. Nakayama?

|  |
| --- |

Are you a family member of a survivor of Mr. Nakayama's clergy sexual abuse?

| * Yes | * No |
| --- | --- |

If yes, what is your relation to the survivor(s)? (eg. I am the child of a survivor.)

|  |
| --- |

How has Mr. Nakayama’s abuse impacted your life?

|  |
| --- |

How did you learn about your family’s connection to Mr. Nakayama’s abuse?

|  |
| --- |

**How did you hear about the Healing Fund for Japanese Canadians?**

Please describe how you found out about this program.

|  |
| --- |

**Declaration of Truth**

* I certify that the information provided in this document is true and complete to the best of my knowledge and belief. I am aware that any false statements knowingly made will render this application null and void and could adversely impact my ability to apply for funds in the future from the Healing Fund for Japanese Canadians.

**Signature**

|  |  |  |
| --- | --- | --- |

Print Name Date

|  |  |  |
| --- | --- | --- |

Signature