

The NT Lived Experience Network presents

# Circles of Support

A free support program for the family & friends of people who have an alcohol or drug problem



**Circles of Support** is an evidence-based peer education and support program for people who have a loved one with an alcohol or drug problem. It has been created by (and for) local people with lived experience caring for a loved on with an alcohol or drug problem.

## Circles of Support: Program 2 Palmerston, Thursday Evenings

### Information Session:

Thursday 9 Jun 22 6:00 to 8:00 pm

### Program Dates & Times:

Session 1	16 Jun 22	6:00 to 9:00 pm
Session 2	23 Jun 22	6:00 to 9:00 pm
Session 3	30 Jun 22	6:00 to 9:00 pm
Session 4	7 Jul 22	6:00 to 9:00 pm
Session 5	14 Jul 22	6:00 to 9:00 pm
Session 6	21 Jul 22	6:00 to 9:00 pm
Session 7	28 Jul 22	6:00 to 9:00 pm
Session 8	4 Aug 22	6:00 to 9:00 pm

### Venue:

TeamHEALTH Palmerston  
10/5 McCourt Road, Yarrowonga

## Circles of Support: Program 3 Casuarina, Monday Evenings

### Information Session:

Monday 27 Jun 22 5:30 to 7:30 pm

### Program Dates & Times:

Session 1	4 Jul 22	5:30 to 8:30 pm
Session 2	11 Jul 22	5:30 to 8:30 pm
Session 3	18 Jul 22	5:30 to 8:30 pm
Session 4	25 Jul 22	5:30 to 8:30 pm
Session 5	1 Aug 22	5:30 to 8:30 pm
Session 6	8 Aug 22	5:30 to 8:30 pm
Session 7	15 Aug 22	5:30 to 8:30 pm
Session 8	22 Aug 22	5:30 to 8:30 pm

### Venue:

Darwin Head to Health  
16 Scaturchio Street, Casuarina

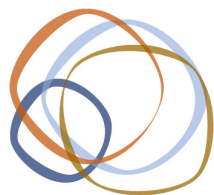
To register for an Information Session, one of the **Circles of Support** programs, or to simply to find out more:

**Call:** Noelene on 0438 022 032

**Email:** [contact@livedexperientcent.net](mailto:contact@livedexperientcent.net)

**Web:** [www.bit.ly/ntlencos](http://www.bit.ly/ntlencos)

Social Media *livedexperientcent*   



# Circles of Support

## Expression of Interest Form



NORTHERN  
TERRITORY  
LIVED  
EXPERIENCE  
NETWORK

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### 1. Why are you interested in the Circles of Support program? *(Tick all that apply)*

- |   |  |
|---|--|
| <input type="checkbox"/> To meet other people with a loved one who experiences issues related to mental health, alcohol or drug use | <input type="checkbox"/> To learn about mental health, alcohol and drug related misuse and co-occurring issues |
| <input type="checkbox"/> To understand recovery and ways to support recovery  | <input type="checkbox"/> To learn ways to support your own wellbeing and practice self-care                    |
| <input type="checkbox"/> To manage overwhelming emotions and responses  | <input type="checkbox"/> To learn how to identify and respond during a crisis                                  |
| <input type="checkbox"/> To learn how to respond to stigma and discrimination   | <input type="checkbox"/> To learn ways to effectively communicate your needs and rights                        |
| <input type="checkbox"/> To learn how to set boundaries   | <input type="checkbox"/> To access support for myself  |
| <input type="checkbox"/> To understand how to navigate the mental health and alcohol and other drug service system                  | <input type="checkbox"/> Other: _____<br>_____   |

### 2. Which Information Session and/or Circles of Support program do you wish to attend? Write name and date below:

\_\_\_\_\_

*If you wish to attend an Information Session and a Circles of Support program, write details for both.*

### 3. Please confirm the following background information: *(Tick all that apply)*

- I am over 18 years of age
- I have a loved one who experiences an alcohol or other drug problem
- I have a loved one who experiences a mental health problem
- At this point in time, I can commit to attending most/all of the sessions I have indicated above

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Submit your expression of interest to  
[contact@livedexperiencenet.net](mailto:contact@livedexperiencenet.net)

We will contact you to confirm receipt and your enrolment. We are also interested to talk to you about ways we can support you to participate and feel comfortable.

