

Name of Peer Support Group:

Please note: For insurance purposes, this form must be retained on file by your Peer Support Group.

Name of Participant	Class Dates (please tick those who attended)											Comments
	Wk1	Wk2	Wk3	Wk4	Wk5	Wk6	Wk7	Wk8	Wk9	Wk10	Wk11	



LEADERS	Class Dates (please tick leaders' attendance)											Comments
	Wk1	Wk2	Wk3	Wk4	Wk5	Wk6	Wk7	Wk8	Wk9	Wk10	Wk11	

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