



Our Bereaved by Suicide Support Group NT (BBSSGNT) meetings offer a safe place for parents, families, friends, community, colleagues to talk, share, connect and relate with others who have experienced the loss of a loved one to suicide. Meetings are held monthly in an informal setting with the occasional guest speaker attending on topics of interest & activities.

Everyone there will be just like you. The atmosphere is warm and friendly. No one is pressured to speak about their loss. You join in when you are ready to share your lived experience.

Many come and listen for the first few meetings and find comfort in knowing others are experiencing similar trauma and feelings from their loss and learn how others are surviving and coping. Come and join with others who understand what you are experiencing... they too have been there or still going through the journey. It is a place to heal and assist in your recovery.

When and where are meetings held

When: The 1st **Wednesday** of every month

Where: Harry's Place Administration Building, 1 Willeroo Street (off Henbury Avenue), Tiwi.

Time: From 6:30 pm to 8:30 pm

More Information please.....

Email: info@sabrinareach4life.com.au

Phone: 0491 311 211





Suicide Bereavement Support - Registration Form

Thank you for registering. The information collected below will help us meet NTG grant requirements and ensure our services are accessible and inclusive.

Privacy Disclaimer:

Your name will NOT be shared outside of our organisation

Full Name: _____

Age: _____

Address (Postcode): _____

Gender: _____

Cultural Background:

- Culturally and Linguistically Diverse
- Aboriginal
- Torres Strait Islander
- Aboriginal and Torres Strait Islander
- Other: _____

Location of Meeting (Select one):

- Darwin
- Palmerston
- Litchfield
- Other:

Support Setting (Select one):

- Support Group
- Individual Meeting

How did you hear about us? _____

Consent

[] I consent to the collection of this information to assist in the provision and improvement of bereavement support services.

Signature: _____

Date: _____