

ABORIGINAL CIRCLE NOTE

Name:	Team:
DOB:	PARIS ID:
Gender:	Casenote Date:
Age:	
PHN:	

Reason:

Staff Member:

Aboriginal Circle Note

Attendees:

Circle Name:

If Other, Specify:

Cultural Protocols:

Welcoming	<input type="checkbox"/>	<input type="checkbox"/>	Closing
Smudge/Medicines	<input type="checkbox"/>	<input type="checkbox"/>	Sharing Food
Prayer	<input type="checkbox"/>	<input type="checkbox"/>	Circle
Singing/Drumming	<input type="checkbox"/>	<input type="checkbox"/>	Check In

Experiential Events:

Spiritual

Cultural Teachings:

Identity

Language:

Time of Year:

Ceremony:

Intellectual/Mental

Wisdom Writings:

Journal Reflections:

ABORIGINAL CIRCLE NOTE

Name:
DOB:

PARIS ID:
PHN:

Emotional

Affect At Welcoming:

Affect At Closing:

Circle Guides

Staff:

Staff:

Staff:

Other:

Circle Notes:

Resources

Taxi Voucher ☐ From:

To:

Return ☐ From:

To:

Staff Accompany ☐ From:

To:

Return ☐ From:

To:

Bus Tickets 1 zone:

2 zone:

3 zone:

Concession:

Signed by:

Date:

Program member reviewed?

☐

Casenotes

Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.

----- End of Report -----