

# WESTERN AUSTRALIA

## INFORMATION AND REGISTRATION PACK

Congratulations on taking a major step towards your healing journey...

If after carefully reading this information pack **you wish to continue**, at the back of this information package, you will find a 2 page registration form and also a 2 page direct debit form.

Please complete the forms and return by post to:

Mayumarri WA  
PO Box 771,  
Bunbury WA 6231

with payment, as soon as possible, **as our Healing Weeks tend to fill quickly.**

Confirmation of your booking and travel arrangements will be forwarded on receipt of your completed application form. Regrettably, refunds are only available if cancellations are more than one week prior to your visit.

Please understand that at Mayumarri we DO NOT provide professional counseling, the Healing Week is a SELF HELP program.

**If you have any further questions, please do not hesitate to call Eevee on: 0429979074**

or e-mail: [mayumarri\\_wa@iinet.net.au](mailto:mayumarri_wa@iinet.net.au)

Mayumarri



**HEALING  
CHILD ABUSE**

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Mike Munro  
Jodhi Meares  
The Hon. Joel Fitzgibbon MP

**Eva House Patron:**  
Melissa George

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[www.mayumarri.com.au](http://www.mayumarri.com.au)

ABN 71 395 955 646

# WESTERN AUSTRALIA VITAL INFORMATION FOR MAYUMARRI HEALING WEEK

## FREQUENTLY ASKED QUESTIONS AND ANSWERS

1. What is Mayumarri and Mayumarri WA?
2. Who can benefit from a healing week?
3. What can I expect from the healing week program?
4. How long will my stay be?
5. Who will I be sharing the week with?
6. What is the role of the facilitator and carers?
7. How much time will I spend with other people?
8. Can you tell me a little about what happens each day?
9. The Mayumarri Philosophy and How much will the Healing Week cost?
10. How can I help keep Mayumarri safe for myself and others?
11. What can I do to best prepare for my healing week?
12. What can I expect when I return home?
13. Is there any ongoing support?

### 1. WHAT IS MAYUMARRI?

Mayumarri is an innovative, affordable Healing Retreat for adults (over the age of 18) who have survived childhood trauma. Mayumarri IS a not-for-profit organization, run **BY** survivors **FOR** survivors. Our aim is to provide a place of **safety, peace and love** for all survivors.

### 2. WHO CAN BENEFIT FROM A HEALING WEEK?

We have seen many survivors from all walks of life learn how to heal themselves and become empowered. Our guests have suffered from abuse, abandonment, neglect or tragic circumstances and have succeeded in taking back their power. The Healing Week program is designed to be an important step on your healing journey, and we encourage you to use the tools you learn to continue healing when you return home.

Importantly, the program works best if you are able to focus on yourself and are in good health. For your safety, we recommend you postpone attending a Healing Week, and access medical or psychological care, if you are experiencing any of the following:

1. Debilitating side-effects of medication.
2. Extreme life crises or stressful events, such as homelessness, or very recent separation from a partner.
3. A very recent trauma (i.e. within the last 3 months) which has not been yet been addressed.
4. Alcohol or drug dependency / or severe withdrawals.
5. Active symptoms of mental illness or intellectual impairment that mean you are unable to feel safe within a group or take care of yourself.

### 3. WHAT CAN I EXPECT FROM THE HEALING WEEK PROGRAM?

The purpose of the Healing Week program is to provide a safe environment to help you get in touch with and heal your inner self, the part of you that suffered from trauma as a child. Our main focus is learning tools that help you heal from specific traumatic events in childhood, events that you may, or may not currently remember.

Our highly successful program has developed from combining the latest scientific research on the effects of trauma on the brain with intuitive knowledge gathered from many survivors over time. We will share with you

what we know and support you to 'heal' yourself. Please know you do not need to have prior knowledge about healing from trauma in order to benefit from our program. Our program is designed to be one of self-discovery. You will be encouraged to trust in your own wisdom and do what is RIGHT FOR YOU.

Many survivors experience a sense of freedom and empowerment when they discover they CAN heal. They also come to a deeper understanding, appreciation and love of themselves, and feel validated and acknowledged by others, often for the first time in their lives. Participating in a loving community also helps survivors build self-esteem, self-respect and a renewed feeling of self-worth.

We've discovered the program works best when you are doing it **FOR YOU**, and no one else. How much you achieve from the Healing Week will usually depend on how much you are willing to go for it!

#### 4. HOW LONG WILL MY STAY BE?

Our Healing Week program runs from 4pm Sunday until 4pm Friday. Please arrive at 4pm on Sunday to settle in and be ready for a **5pm start**. If you have a last-minute emergency please phone the facilitator as early as you can. The program concludes at 5pm Friday, when you will either: travel home, or you may wish to, or if lack of public transport is an issue, need to extend your accommodation. Depending upon availability, extra accommodation costs will apply.

#### 5. WHO WILL I BE SHARING THE WEEK WITH?

Each week we welcome a **maximum of 12 guests** from across the state. You will be supported by a professionally trained facilitator and 3 trained volunteer carers. Usually men and women attend the Healing Week together, however in NSW, specialized weeks, '**Christian**' Healing Weeks are available. Please refer to our Diary Dates on the website or phone.

#### 6. WHAT IS THE ROLE OF THE FACILITATOR AND CARERS?

The facilitator of the week is a survivor who has qualifications and experience with our healing program, an in-depth understanding of the Mayumbarri Model, and a strong commitment to their own healing journey. The facilitator's key role is to provide overall leadership and responsibility for the group. The facilitator works alongside the carers to listen to you, encourage you and support you in your healing process.

Our volunteer carers are survivors who have lovingly chosen to help you in your journey. They travel here from around the country and give their time very generously. After doing their own Healing Weeks and spending time reflecting and integrating, they complete a special training program and many are currently studying at a tertiary level to enable them to help other survivors more effectively.

Please understand that at Mayumbarri we **DO NOT** provide professional counseling. We do not diagnose, give advice, instruction or prescriptions! The Healing Week is a **SELF HELP** program and our role is simply to love you, listen to you and cheer you on. Over 90% of our guests report our program as being life-changing or very positive.

#### 7. HOW MUCH TIME WILL I SPEND WITH OTHER PEOPLE?

What's **special** about Mayumbarri is the opportunity to live in a true, loving community, building friendships with people who truly understand. Part of living in community means you will be sharing a room and bathroom facilities with possibly 2-3 other people; preparing, eating and clearing away main meals together; working together around the property each day for two hours; and supporting each other to create a safe place for all members of the group.

Each day the group journeys together - however, you do your workshop activities privately, with the support of a carer if you wish. Please know that the focus of the week is not to 'swap stories' but to spend time

focusing within, feeling your feelings and healing in your own way.

You will be able to enjoy 'Free Time' each afternoon and evening.

## 8. CAN YOU TELL ME A LITTLE ABOUT WHAT HAPPENS EACH DAY?

After you arrive you will meet the other guests and carers and be shown around so you become familiar with the retreat. The group will share dinner together, get to know each other, discuss what to expect from the Healing Week and review the safety agreements. Group safety is our first concern and we have found that if any guest uses a mobile phone during the week, it breaks the sense of safety for everyone. We have also found that it is hard to concentrate on yourself if you are still in touch you're your loved ones. We will therefore ask you to leave your mobile phone in our care during the week. Of course if there is a special need, we are happy to discuss this with you. If you use your mobile as an alarm, we suggest you bring an alarm clock with you.

You will also be invited to participate in a voluntary survey that helps us to research the success of our Healing Weeks.

While you are with us we will follow the daily schedule below, although we are not rigid or authoritarian because we know, as survivors, that we do not like being told what to do!

**8.30 a.m.**     *Reflections* (A time for spiritual reflection and sharing of personal anxieties and needs for the day).

**9.30 a.m.**     *Labour of Love* (Time to give back to the community through work. You will be encouraged to do what fits your feelings, **not** what you think you **should** do! Jobs vary from office work, gardening, cooking, and cleaning.)

**11.00am.**     *Inner Child Workshop* (A chance to connect with your inner-self and your emotions).

**1.30 p.m.**     *Lunch* (Prepared by two or three guests and carers).

**2.30p.m.**     *Free Time*

**5.15 p.m.**     *Yoga*

**5.30 p.m.**     *Sharing* (A time to practice acknowledging your feelings, with the group, in a safe environment).

**7.00 p.m.**     *Dinner* (Prepared by two or three guests and carers).

**7.30 p.m.**     *Free Time*

**8.30 p.m.**     *Evening Reflections.*

## 9. THE MAYUMARRI PHILOSOPHY and HOW MUCH WILL THE HELAING WEEK COST?

Mayumarri is run **by** survivors **for** survivors. We believe we all have the capacity to heal. We believe that survivors have not been given that opportunity and so are often caught up in a cycle of failure, either in the capacity to earn or the capacity to have satisfactory relationships or simply in the capacity to enjoy life. We believe it is *our right* to live our lives unaffected by the pain caused by our abusers.

Mayumarri was established to ensure all survivors are able to attend a healing week regardless of their financial circumstances. We do not want to be reliant on Government funding, fund-raising or donations to run our healing programs, we want to help survivors help themselves so we are independent and show we are capable of helping ourselves.

Mayumarri will survive and grow only if we are so successful in our program that participants who have enjoyed a week at minimal cost pay the *actual cost* of their healing week once they have recovered their lives - so that another victim can become a survivor. That's true re-empowerment.

Turning our lives around usually means being more financially stable, if only because we do not have to waste so much time energy and money on our healing. Our sincere hope is that, if you take the opportunity to attend Mayumarri at minimal cost, you will commit to helping another survivor attend by paying the real cost of your week whenever in the future you are able. We will not send reminders, however you will know that you will have truly re-empowered yourself when you can provide the opportunity for someone else to attend Mayumarri. Here are Joy Cowley's inspirational words:

*There are times in life when we are called to be bridges,  
not a great monument spanning a distance and carrying loads of heavy traffic,  
but a simple bridge to help one person from here to there  
over some difficulty such as pain, grief, fear, loneliness  
a bridge which opens the way for ongoing journey.*

*When I become a bridge for another I bring upon myself a blessing,  
for I escape from the small prison of self and exist for a wider world,  
breaking out to be a larger being who can enter another's pain  
and rejoice in another's triumph.*

*I know of only one greater blessing in this life, and that is,  
to allow someone else to be a bridge for me.*

## **10. HOW CAN I HELP KEEP MAYUMARRI SAFE FOR MYSELF AND OTHERS?**

It is vital to understand that Mayumarri needs to be kept **safe** for all members of the group. A very important part of healing is learning to love and be loved by others. In fact, we now know that healing of the brain is only possible through being with other people. However sometimes, very early in our healing, we are in too much pain to be able to give and receive. This can make living in community during the Healing Week feel too unsafe for us.

Please read the following safety guidelines that all members of the group are asked to uphold and consider if you are happy to be part of a group.

### **THE KEY SAFETY AGREEMENTS ARE:**

1. **CONFIDENTIALITY** is of utmost importance. You must agree to keep the identity of other guests/carers, and what happens during the week, confidential. This is so people can feel safe to be vulnerable and honest with themselves and others.
2. If you choose **to leave the property** during the week you will **not** be able to return to complete the Healing Week. This is because we have found that taking breaks from the Healing Week is disruptive and can distract you and others from healing.
3. Absolutely **NO ILLEGAL DRUGS/ALCOHOL/NON-PRESCRIPTION DRUG USE**. If you are a heavy user we ask that you are "clean" for at least a month before your visit so you can feel your feelings and stay grounded throughout the healing week. *If you are taking prescription medication (e.g. anti-depressants) **DO NOT STOP** taking them while you are here. Please bring your prescribed medication with you. You must be responsible for looking after your own medication.*

4. Only 'safe touch' is appropriate here. Always **ASK** before touching others and please understand that sexual relationships are inappropriate during the Healing Week, in order to help you focus on your own feelings and healing in a safe way.
5. You need to be willing to accept **RESPONSIBILITY** for your experience here. That means reporting anything that makes you feel uncomfortable, asking for what you need, and helping yourself (with the loving support of others) to heal.
6. It's important to be **COMMITTED** and here for **you**. Mayumarri will support you to focus within by keeping the outside world away as much as possible. That means there are no TVs, radios, magazines, games or discussion about the daily news. We ask that you do not use mobile phones, laptops or bring any of your usual 'work' with you as it would distract you, and others, from healing.
7. Abuse of any kind will **NOT** be tolerated! This includes swearing or shouting at someone, derogatory comments or using intimidating body language, as well as actual hitting. Mayumarri is committed to providing a safe place for survivors who did not experience a sense of safety in childhood. It is vital that all members of the group work together peacefully and lovingly and take full responsibility for their part in any conflict.
8. Group safety is our first concern and we have found that if any guest uses a mobile phone during the week, it breaks the sense of safety for everyone. We have also found that it is hard to concentrate on yourself if you are still in touch you're your loved ones. We will therefore ask you to leave your mobile phone in our care during the week. Of course if there is a special need, we are happy to discuss this with you. If you use your mobile as an alarm, we suggest you bring an alarm clock with you.
9. So that everyone on a Healing Week feels equal we have found it really important that we don't have members of the same family, or friends, together - except in special circumstances (which will be considered on a case-by-case basis). We also ask that you do not return to Mayumarri with people with whom you have formed a friendship from a previous healing week. This guideline will ensure a greater sense of equality for everyone at the beginning of the week, and avoid unsettling cliques. Failure to follow this guideline will impact negatively on the sense of "community" which is vital to a successful healing week.

Sadly, for the care of yourself and others, if you are unable to behave in a safe way you will need to leave the program and return at a later date when you are able to enjoy being with a group.

## 11. WHAT CAN I DO TO BEST PREPARE FOR MY HEALING WEEK?

Please know it is very normal to feel nervous, frightened, excited, unsure, or indecisive before your visit. Many survivors are very hard on themselves and set unrealistic expectations! We suggest you be loving and gentle with yourself in the days leading up to your visit. Acknowledge that you are immensely brave and courageous in deciding to come and it is natural to feel anxious, but that the decision to come means you are ready to undertake this part of your healing journey.

The program works best when you really desire, and are ready for healing. On the registration form we suggest you note down what your intentions are for the week and set some simple goals for yourself. Also, please think ahead about supports for yourself **AFTER** the Healing Week. It is very helpful to plan some time-off for a few days following your healing. It is nurturing if you can spend some quiet time absorbing the events of the week. Getting a baby-sitter for an extra day or two, or making sure you don't have to go to work can be very therapeutic!

Sadly, at this time we cannot offer follow-up phone support and strongly recommend you make an advance booking to see a counsellor/support group/supportive friend in the first few days after your Healing Week. If you already have a counsellor we recommend you **let them know you are coming here**.

To get the most out of your week we recommend you plan ahead to be as fit and healthy as possible. We are **NOT** a medical or mental health facility and cannot be responsible for administering medication or other medical care. In the case of an emergency, first aid and ambulance services are available. If you have an injury, have just been in hospital, or have medical/dental surgery due, please postpone your Healing Week until you have fully recovered.

Please bring enough of any medications you need to last the week (eg. asthma puffers, cough/cold tablets, allergy tablets, antibiotics or prescription medications). Unfortunately, we have found that people who are **heavily medicated** often find it difficult to participate in the healing process because they have difficulty feeling their emotions. However, **PLEASE DO NOT** come off your medication before coming here. If you are suffering severe side-effects from medication and/or you are finding it difficult to 'feel' anything, it may be in your best interest to postpone your visit until your dosage is at a level where you can feel your emotions.

It's also helpful to let family and friends know they will **not** be able to phone you during the week. However, if there is an emergency they can call our office on **0429979074**.

## **12. WHAT CAN I EXPECT WHEN I RETURN HOME?**

Many people feel euphoric and excited when they leave. It's normal to feel a little light-headed and 'on a high' for a while! You may also find that you feel tired and emotional. That's because emotional healing is exhausting work and it is very important to be gentle with yourself.

It may feel a little strange to go back to family and friends. You may have changed and it's important to appreciate that they may need time to get used to the "new you". You might need time too! Please don't be hard on yourself and others. We strongly recommend you take a minimum of a 2 day break from work and social commitments following your Healing Week, so that you can achieve the maximum benefit. We encourage you to wait some time after your Healing Week before making any important life-changing decisions.

## **13. IS THERE ANY ONGOING SUPPORT?**

We regret that at this time we cannot give any ongoing support after you leave Mayumarri. We would love to but we do not have the resources. So we very much encourage you to ensure that you have a support system in place before you arrive. If you don't have a counsellor, do consider the need for one and organize this before you come. The facilitator will also offer any help to identify professional support in your area before you leave us.

If you have understanding friends tell them what you are doing and ask if they will be there for you on your return. You may also receive continuing support from the people you meet during your Healing Week.

If you wish you may join our community and access our website's confidential chat-room, meeting others who have been to Mayumarri across Australia. As a Mayumarri Community member you will also receive our newsletter and have the opportunity to meet other members. Part of joining the community is giving back to help others in whatever way you able to,

If you find you got real benefit from your Healing Week you may return to repeat the program as many times as needed. However, we ask that you give yourself about 3 months between visits to allow yourself time to adjust to the changes that healing brings to you and your life.

## **WESTERN AUSTRALIA INFORMATION/REGISTRATION PACK**

### **HOW DO I BOOK IN?**

If you decide to come to a Healing Week please complete the following and send to Mayumarri WA:

1. Decide which week you want to come (look at Diary Dates on website or call office).
2. Complete the registration form following and return to **Mayumarri WA office** with your payment structure chosen (see costs on registration page).
3. Wait for a confirming phone call from our office **BEFORE** arranging leave/time off work or making any travel arrangements.

4. A confirmation letter will be sent to you with details of what you need to bring for your healing week e.g. food and clothing. Included will also be a map and details of how to get to Mayumarri, WA.
5. If you need a volunteer to pick you up from public transport, please confirm with the office your travel arrangements at least one week in advance of your healing week. If your arrangements have to change, please let us know ASAP.
6. Please look over the directions for how to get to Mayumarri and plan your trip so you arrive between 4.00 and ready to start your healing journey by 5.00pm on the Sunday.
7. Keep this information pack with you and refer back to it when packing and getting ready to travel here.

### **WHAT YOU NEED TO BRING FOR YOUR HEALING WEEK.**

A list of food requirements will be sent to you after confirmation of your Healing Week.

1. Please bring your own blankets, (or sleeping bag), pillows, single bed sheets, pillowslip and 2 towels, and any other personal belongings you need to feel comfortable.
2. **Enough medications, cigarettes or personal products/toiletries to last the week as there are NO shopping facilities.**
3. Casual clothes (warm for winter, cool for summer) including clothes and footwear you could get dirty, and gum boots (or equivalent) if it has been raining a lot prior to your arrival. Because of water shortage, there are no clothes-washing facilities so please bring enough for the week.
4. CD 'walkman' for playing relaxing tapes for sleep is permitted, but only if you have earphones please.
5. Slippers to wear in meeting areas.
6. Mosquito Coils
7. Money - if you wish to buy merchandise at the end of the week (CDs, books, etc).
8. Please do not bring laptop computers, and cameras are only able to be used with the group's permission on Friday.
9. Food for sharing with the community. If you like cooking, you might consider bringing all the supplies (excluding the items on our not-needed list) for one meal you enjoy cooking. *We lovingly suggest you keep the meals simple as there are usually about sixteen people for each meal.*
10. *If you have special dietary requirements please bring any specific food items you need.* These can be labeled and put aside for you. We do recommend that if you like Soy milk or lite milk, bring a little extra so if someone uses it you will still have enough!!! You might also want to bring some special treats for yourself!

### **HOW DO I GET TO MAYUMARRI?**

Please do not make any arrangements for traveling until your booking at Mayumarri has been confirmed by a phone call from our office. Then inform Mayumarri of your arrival and departure details, so volunteers can be arranged to pick you up from public transport if necessary. We also ask guests to give each other lifts where possible. Please plan ahead to arrive at 4pm Sunday and leave between 4 and 5pm Friday.

### **DEPARTURE FROM MAYUMARRI**

Leaving arrangements are often made with other guests here during your stay or a volunteer will take you to public transport.

Please send registration form & payment to

'Mayumarri WA, P.O. Box 771, Bunbury, WA, 6231'

**MAYUMARRI REGISTRATION FORM WESTERN AUSTRALIA**

**(THIS INFORMATION IS CONFIDENTIAL UNLESS OUR DUTY OF CARE REQUIRES DISCLOSURE)**

**1. PERSONAL DETAILS: (please print)**

First Name:..... Surname.....  
Address:..... Phone (home): .....  
Suburb:.....Post Code..... Phone (mobile): .....  
Email: ..... Phone (work): .....  
Occupation: ..... **Have you had a drug, alcohol, gambling problem?**  No  Yes

**If yes, which one/s?** (You can tick more than 1 box)  Alcohol  Illicit drugs  Gambling

**Are you of Aboriginal or Torres Strait Origin?**  Yes  No **Main Language spoken at home:** \_\_\_\_\_

**Your Age:** ..... **Do you have children?**  Yes  No **If Yes, how many children?** .....

**Is this your first Healing Week?**  Yes  No If no, when was your last one? .....

**Current Employment:** (You can tick more than 1)  Full Time  Part Time  Casual  Unemployment Benefits  
 Retired  Student Allow  Disability Pens.  Other Govt. Pension, benefit or allowance  Sole Parent Benefit

**How did you find out about Mayumarri?**  Family  Friends  Doctor  Phone Book  Website  
 Counsellor/Therapist  Previous Guest  Organisation (please name) .....  Other .....

**Date of Healing Week: Sunday...../...../..... to Friday ...../...../.....** (Please allow 12 weeks between H/Wks)

**How will you be arriving?** Car: (Rego)..... Public Transport..... arriving ..... at ....am/pm  
*Please list your arrival destination and also the time of your arrival, if you are traveling by public transport.*

**• Who do you wish to nominate as your EMERGENCY CONTACT PERSON?**

Name.....Relationship to you .....

Home Ph: ..... Mobile: ..... Work Ph:.....

**COST: (please tick your choice)**

- Because I can afford to, I am happy to pay the full week's fee of \$800, knowing that this will help others come to Mayumarri.
- I can afford to pay \$200 now, but I commit to making 6 more monthly direct debit payments each of \$100. (Drawn the first Wednesday of each month)
- I can afford to pay only \$120 now for the week, but I commit to making 6 more direct debit payments of \$50 over the next 6 months. (Drawn the first Wednesday of each month)
- I can afford to pay only \$75 now for the week, but I commit to making 6 more direct debit payments of \$40 over the next 6 months. (Drawn the first Wednesday of each month)
- I can only afford to pay \$75 for the week - Must be holder of a social security or pensions card (copy attached)

**CONFIRMATION OF ATTENDANCE:** Your healing week is not confirmed until payment and forms are received at the office. You will then receive a call/ confirmation letter to confirm, so it is essential not to make any travel or work arrangements until you have confirmation of your dates.

**CANCELLATION/DEFERRAL:** Please be sure, before you apply for a healing week, that you are ready for the healing process, as a \$75 admin fee will be charged by Mayumarri if you decide to cancel or defer. Sadly, **NO REFUND** is available if change is sought in the **week prior** to your confirmed healing week, as we may not have time to refill your place.

**I enclose my cheque/money order (payable to Mayumarri) \$\_\_\_\_\_ (amount)**

**Please charge my credit card (please tick appropriate card) \$\_\_\_\_\_ (amount)**

- Bankcard
- MasterCard
- Visa

Card No: \_\_\_ \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ Expiry: \_\_\_ / \_\_\_

Name as on card: \_\_\_\_\_ Signature: \_\_\_\_\_

**2. MEDICAL DETAILS**

*Some of our guests may have medical conditions we need to be aware of (for safety and in case of an emergency), and this information may be helpful to ambulance/hospital staff.*

- a. Please list any **physical impairments / medical conditions / mental illness / drug or alcohol addictions** you have been diagnosed with (e.g. Asthma, HIV aids, diabetes, hep c, high blood pressure, epilepsy, bipolar disorder, DID, depression, anxiety, alcohol abuse)  
.....
- b. Please list any medications you are taking  
.....
- c. Please list medications or substances you are allergic to  
.....

**3. GENERAL INFORMATION FOR THE WEEK**

- a. Please list any specific dietary needs you have (and please bring any special food you need with you)  
.....
- b. Do you have any phobias/fears that you feel would be best that we know about?  
.....
- c. Are you currently involved in some form of therapy or treatment? YES ..... NO .....  
If yes, would you like to recommend your counsellor to other survivors? Please provide us with :  
Name of counsellor/psychologist or psychiatrist .....  
Phone ..... Full Mailing Address.....
- d. If you have **abused drugs/alcohol/non-prescription drugs**, have you been clean for at least a month?  
YES ..... NO ..... N/A .....
- e. To enable us to help you better you may wish to let us know the type of trauma you are a survivor of:  
 Physical     Emotional     Sexual     Spiritual     Neglect     SRA
- f. Please note down what your goals might be for the week. For e.g. "I want to feel confident in social situations", "I want a more loving, understanding relationship with my family", "I want to improve my health" and so on. (If more space is required please attach another sheet of paper)  
.....

- I acknowledge **the commitment** I am making **and understand that the Healing Week is a self-help experience.**
- **I have read and understood all the information contained in the Information/Registration Pack**

**Signature**.....**Date** .....

- I give permission for the use of any questionnaires I fill out during the healing week to be used anonymously for research to help survivors of child abuse.

**Signature**.....**Date** .....

Please send registration form & payment to  
'Mayumarri WA, P.O. Box 771, Bunbury, WA, 6231'

# ACCOMMODATION WESTERN AUSTRALIA Direct Debit Request

In completing this form I/we authorize Mayumarri (user ID 319353) to debit my/our nominated account (details provided below) in order to make a recurring direct debit donation.

To be completed and returned to Mayumarri

**by Mail:** PO Box 771 Bunbury WA 6231

## Personal Details

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_

Suburb/City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone (home): ( ) \_\_\_\_\_ Phone (mobile) \_\_\_\_\_

Email Address: \_\_\_\_\_

## I would like to attend a Mayumarri Healing Week under the following payment structure: (please tick your choice)

- ( ) I can afford to pay \$200 now, but I commit to making 6 more monthly direct debit payments each of \$100.
- ( ) I can afford to pay \$120 now, but I commit to making 6 more monthly direct debit payments each of \$50.
- ( ) I can afford to pay only \$75 now for the week, but I commit to making 6 more direct debit payments of \$40 over the next 6 months.

Your direct debit will occur the 1<sup>st</sup> Wednesday of each month

## Credit Card/ Credit Card Savings:

Bankcard  Mastercard  Visa

Card No: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiry: \_\_\_\_ / \_\_\_\_

Name on Card: \_\_\_\_\_

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

**Please confirm the authority and read the Service Agreement  
on the back of this page before submitting form.  
Thank You**

**Mayumarri**



**HEALING  
CHILD ABUSE**

**NSW Mayumarri**  
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Ph 02 4998 6003  
Fax 02 4998 6041

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**Patrons:**  
Bryce Courtenay  
Mike Munro  
Jodhi Meares  
The Hon. Joel Fitzgibbon MP

**Eva House Patron:**  
Melissa George

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ABN 71 395 955 646

## Authority

Authority to Direct Debit, verify and release information

I/We

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

1. Authorize Mayumarri to verify the details of the above mentioned account with the financial institution;
2. Authorize the financial institution to release information allowing Mayumarri to verify your account details;
3. Authorize Mayumarri APCA User ID 319353 to arrange for funds to be debited from my/our account at the financial institution identified above and as prescribed below through the Bulk Electronic Clearing System (BECS);
4. Authorize and request that Mayumarri debit my/our account in accordance with the Service Agreement shown below,
5. Have read and understood the Direct Debit Service Agreement;
6. Agree that electronic reproduction of this DDR or any other information in this document will have the same legal effect as the original document.

**"I understand that by entering my legal name or signatory mark in the indicated field immediately below this paragraph, and submitting this form, that I am in complete acceptance of all terms, conditions and declarations stated on this page."**

Full Legal Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

## Direct Debit Request Service Agreement

### Important notice regarding payments to Mayumarri by Direct Debit

**You must read and agree to these terms prior to signing this Direct Debit Request Form.** If you are not authorised to operate the account on your own (i.e. by yourself) then those persons whose authority is required must sign this Direct Debit Form in the normal manner and return it to Mayumarri.

### As recipient of the Direct Debit Request Form (DDR) from you, we will:

1. Only debit your account on the 1<sup>st</sup> Wednesday of each month or in the case that this day is a public holiday or a weekend we will debit your account on the next business day in accordance with this agreement.
2. Allow you to stop any Direct Debit Item or cancel the DDR at any time by contacting us or your financial institution.
3. Provide you not less than 14 days notice if we propose to vary any of the terms of this debit arrangement.

### As the provider of a DDR you:

1. Authorize us to process a direct debit monthly on the 1<sup>st</sup> Wednesday of each month or in the case that this day is a public holiday or a weekend we will debit your account on the next business day in accordance with this agreement, or upon your request.
2. Agree to advise us of any reason why a Direct Debit may not be processed.
4. Will advise us or your Financial Institution of any disputed Direct Debit as soon as is practicable.
5. Will advise us if you vary any details of this debit arrangement.
6. Acknowledge that it is your responsibility to ensure sufficient cleared funds are available in your nominated account to permit payment of the Direct Debit in accordance with this DDR..
7. Acknowledge that the Direct Debit through BECS is not available on all accounts, and that it is your responsibility to ensure that the account provided is able to accept Direct Debits.
8. Agree that where a Direct Debit is returned unpaid, any financial institution charges incurred by may be debited along with any other outstanding amounts at the time of the next Direct Debit.
9. Authorize us to disclose information to our Financial Institution for the purpose of investigating any claim connected with an alleged incorrect Direct Debit item.

**THANK YOU FOR SUPPORTING MAYUMARRI AND HELPING MORE SURVIVORS OF CHILDHOOD ABUSE AND TRAUMA BE GIVEN THE OPPORTUNITY TO HEAL**