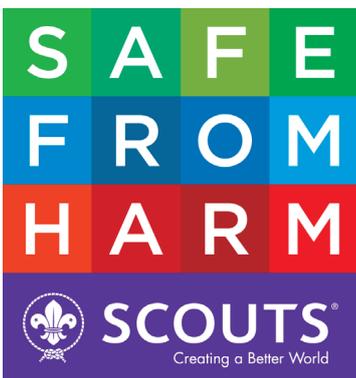




# LISTENING EAR ENCOUNTER FORM



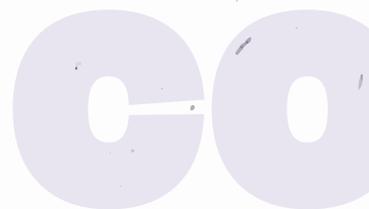
# LISTENING EAR ENCOUNTER FORM

## COMPLETING THE FORM

For any WOSM event, Listening Ears should use this form during or after each encounter they may have. We encourage Listening Ears to take notes with a pen and paper during the encounter and complete the online version of the form later. Please note that any information gathered on this form is **CONFIDENTIAL** and should only be shared with the Safe from Harm leads. If you have any further questions on how to fill-in the form please reach out to your Safe from Harm leads or ask for help in the Listening Ears slack channel.

Once the online version is completed after an encounter, the Listening Ear will upload the form to the dedicated daily dropbox folder.

| GENERAL DETAILS   |  |
|---|--|
| Name, LE (1)  |  |
| Name, LE (2)<br>(observer, witness)   |  |
| Date of the LE<br>encounter (dd/mm/yy)  |  |
| Time when the LE<br>encounter start (hh:mm)<br>*please put GMT time                     |  |
| Duration of the LE<br>encounter (in minutes)  |  |
| PERSONAL DETAILS  |  |
| Name of the person<br>meeting the LE  |  |
| Contact details<br>(email/phone)  |  |
| NSO   |  |
| Country   |  |
| Age of the person<br>- Under or 13 y/o<br>- Between 14 and 17 y/o<br>- 18 y/o and above |  |
| Role of the person  |  |



| <b>NOTES</b>   |   |            |           |
|--|---|------------|-----------|
| DESCRIPTION OF THE ISSUE - WHAT IS THE TOPIC OF THE CONVERSATION? (IN KEY POINTS)  |   |            |           |
| WHAT ACTIONS, IF ANY, DID YOU AGREE TO TAKE AFTER THE ENCOUNTER?   |   |            |           |
| WAS THE PERSON VISITING THE LE, REFERRED TO PSYCHOLOGICAL FIRST AID SUPPORT SERVICE OR FURTHER TO THE NATIONAL PROFESSIONAL PSYCHOLOGICAL SUPPORT? |   |            |           |
| DOES THE LE ENCOUNTER NEED TO BE FLAGGED TO THE LE LEAD/ SAFE FROM HARM TEAM LEADS?  | <table border="1"> <tr> <td><b>YES</b></td> <td><b>NO</b></td> </tr> </table> | <b>YES</b> | <b>NO</b> |
| <b>YES</b>   | <b>NO</b>   |            |           |
| TO WHAT EXTENT DID YOU FEEL THE LE ENCOUNTER HELPED THE PERSON WHO MET WITH THE LE?<br>- 1 STAR-NOT AT ALL<br>- 5 STARS-FULLY                      | <p style="text-align: center;">★ ★ ★ ★ ★</p>                                  |            |           |





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