Application form for Mindfulness Based Stress Reduction course

Forename:

Surname:

Address including postcode:

Phone:

Email:

Phone number of next of kin in case of emergency:

How did you find out about this course?

Have you had any previous experience of mindfulness, meditation or yoga / Chi Kung? (none necessary for this course )

Do you have any physical illness or other limitation that may make sitting, standing, walking or doing simple exercises difficult for you?

Have you had any mental ill-health issues or concerns within the last few years, such as anxiety or depression? If yes, it would be helpful to know a little about this and any medication you are taking.

Have you had suicidal thoughts or feelings during the last year, and if not have you ever had suicidal thoughts or feelings?

Please let me know if you have been through any challenging life events in the last year, (trauma, bereavement, work/life stress) which may affect your experience of the course.

Please indicate what sources of support you will have during the course, eg. friends, partner, family, GP, counsellor, support worker.

Please indicate what has drawn you to the course?

Any other information you would like me to know about?

Recordings of mindfulness meditations are provided by MP3 download. If you would prefer them as audio CDs this will be £10 extra. Please indicate which you would prefer.

*Thankyou very much for taking the time to fill in this form. The personal information you have supplied here will be kept confidential and destroyed after the course. I do not share your contact details with anyone however from time to time I send information to participants about our forthcoming courses and events. If you would rather not receive this information please state here:*