

COURSE APPLICATION FORM

YOUR CONTACT DETAILS ¹

NAME		
ADDRESS		
TELEPHONE		
MOBILE		
EMAIL		
May I keep these contact details on record after the course is finished so that I can keep you informed of other MindHowYouGo courses and events? <i>Please note: I will never give this information to any other person or organisation.</i>	YES	NO

COURSE YOU WISH TO BOOK

STARTING DATE	
TIME	
VENUE	

WHERE DID YOU HEAR ABOUT MINDHOWYOUOGO?

	Please tick
From a friend	<input type="checkbox"/>
From a colleague	<input type="checkbox"/>
At work	<input type="checkbox"/>
Internet Search	<input type="checkbox"/>
Other (please specify)	<input type="text"/>

¹ Contact details will only be used to inform you of information about your course and to keep you informed should there be a cancellation, e.g. due to illness or adverse weather. I will use the contact information after the course to keep you informed of other courses and events, but only if you give your permission. You can withdraw this permission any time after your course is complete.

PERSONAL INFORMATION

This information is to help me ensure that the course meets your needs at present. The information will not be shared with anyone else, will be kept in a locked filing cabinet and will be shredded as soon as the course is completed. Please contact me if you wish to know more about my data protection policy.

If you would prefer to talk to me about any of these questions rather than fill in the form, please feel free to call Jem on 0770 99 11 987.

YOUR EXPECTATIONS

<p>Please say why you wish to do a mindfulness course.</p>

YOUR HEALTH

<p>Do you have any physical illness or other limitation that may make sitting, standing walking or doing simple exercise difficult for you?</p>	
<p>Have you experienced any mental ill health, such as anxiety, depression or any distressing life event in the last six months, (e.g. bereavement, loss, redundancy)?</p>	
<p>Are you taking any medication for your mental health at present? If so, please say what it is and what it is for.</p>	
<p>Have you experienced any traumatic event in your life (e.g. sexual abuse, assault) or do you suffer, or have you ever suffered, from PTSD or panic attacks?</p>	
<p>Do you have any difficulty with sight or hearing?</p>	
<p>Is there anything else you think it would be helpful for me to be aware of?</p>	

Undertaking a course of this type offers an opportunity for change and change can be challenging at times. I am there to support your learning; however, I encourage you to also have your own support system to help you get the most out of the course.

If you have a counsellor, therapist or mental health worker it is a good idea to talk to them about this course.

Very occasionally difficulties encountered on this course can feel overwhelming which may give concern for your well-being and/or safety. If this happens the teacher will arrange to discuss this with you. At this stage I may feel it would be helpful to contact your mental health support person. If you are willing for this to take place please supply a name and telephone number here.

Name of mental health support person

Tel:

If this does not adequately help to resolve the problem or you do not have a mental health support professional, and I remain concerned about your immediate health and/or safety, I may decide to contact your GP to share that concern. **In my experience this is extremely rare**, however, in order to take the best care of participants on the course, please supply the name and contact details of your GP and sign below to indicate that you understand that in the case of an emergency I will contact your GP.

Name of GP.....

Address.....

.....

Tel:.....

COURSE COMMITMENT

A commitment to attending all classes is very important. Are there any dates you know in advance which you know you will be unable to attend?		
Are you able to commit to practise at home?		
Consider who can support and encourage you while you do the course.		
Signed	Date	

If you would like to ask any questions before completing this form, please feel free to e-mail me. I would like to have a brief telephone conversation before the course starts. This is for you ask any questions you may have and for me to ensure that you know what is involved in the course and what to expect. Please state preferred contact number(s) and time(s) when it is best to call.

Tel.....

Days/Times.....

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Please return your completed application form to:

Jem Shackleford
 MindHowYouGo
 36 High Street,
 Fordington
 Dorchester
 Dorset
 DT1 1LB

or via e-mail to jem@mindhowyoutogo.info (it can be completed using Adobe Reader)

Many thanks and I look forward to hearing from you and to welcoming on to the course.

All good wishes

Jem Shackleford