

MINDFULNESS-BASED STRESS REDUCTION
An 8 week course in Mindfulness
APPLICATION FORM

Orientation evening: Tuesday 1st May 2012, 6.30-8.30 pm.
Course starts : Tuesday 8th May 2012, 6.30-8.30 pm.

Name:

Address:

Postcode:

Contact telephone number: (day and evening):

Mobile:

Email address:

Payment Details: £250 (£180 Concessions)

Please send your application form, together with a cheque for the deposit of £125/£90 to Gwennie Fraser, High Woodhead Cottage, Hesleyside, Bellingham, Northumberland, NE48 2HX.

Please make cheques payable to **Gwennie Fraser**.

* Please be sure you have read the course information before completing your application. If you have any questions or concerns about whether this is the right time for you to do the course, please contact one of the course teachers before applying. The course teachers may contact you before the orientation session. Very occasionally we consider that the time is not right for an individual to attend the course. If this is the case, one of the teachers will discuss it fully with you and your deposit will be refunded.

Full payment is required after the orientation session and before the start of the course on 8th May.

Cancellation arrangements: If you cancel up to 1 week before the course start date 50% of the full fee will be refundable. Cancellations after this date will not be refundable. In the event of a substitute being found there will be a full refund less a £50 administration fee. Transfer to another course is permitted as long as this is done two weeks before the start date of the course you have originally booked upon. There will, however, be an additional transfer fee of £50.

Please ensure that you complete the second page of this application

Mindfulness-Based Stress Reduction Group Member Information

Please fill in and return this with your application form to the address below. All information will be treated in complete confidentiality and enables us to help you as best we can during the course. The information is kept securely during the course and destroyed after the 8-week course. A course teacher may contact you before the Orientation session.

Your name:

D.O.B.:

Occupation:

What brings you to the course?

What appeals to you?

Have you any previous meditation experience?

Do you suffer from any illnesses, allergies, diabetes, high/low blood pressure?

Some practices involve gentle movement and stretches. Do you have any physical conditions that you think we should be aware of?

Will you be able to attend all of the sessions? Please list any dates you know you will not be able to attend.

What are your thoughts about making time for home practice?

Have you had any mental ill-health within the last few years, such as anxiety or depression. If yes please tell us about it here:

If you are taking any medication at present, please say what it is and what it is for:

Have you had any disturbing life event in the last year, or is there anything going on for you in your life right now that you would like us to be aware of?

If personal difficulties surface during the course, do you have anyone you could turn to for support?

Doing this type of course offers an opportunity for change and of course this can be challenging at times. The teachers are there to support your learning, however we encourage you to also have your own support system to enable you to get the most out of the course, whilst at the same time taking care of your self. If you have a counsellor, therapist or mental health worker, it is a good idea to discuss the course with them.

Very occasionally difficulties encountered during the course can feel overwhelming giving rise to concern about your well being and/or safety. **In this event one of the course teachers will arrange to discuss this with you.** At this stage the teachers 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 and Job Title of your Mental health Support professional.....

Telephone number

If this does not adequately help to resolve the problem or you do not have a mental health support professional, and the tutors remain concerned for any

person's immediate health and/or safety, the tutors may decide to contact your GP to share that concern. **In our experience this situation is extremely rare,** however, to enable us to take the best possible care of participants whilst on the course, please give us the name and address of your GP and sign below to indicate you have understood that in the case of emergency the teachers will contact your GP.

If you are unsure and want to ask some related questions before signing please feel free to return the form without your signature until you have had an opportunity to talk this through with one of the course teachers.

Name, address & telephone no. of GP:

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Your Signature.....

Please return your application form to :

**Gwennie Fraser
High Woodhead Cottage,
Hesleyside,
Bellingham,
Hexham,
Northumberland
NE48 2HX.**

Email: gwennie.fraser@zen.co.uk