



## Mindfulness Programme Registration Form 2015

Please complete both this Registration Form and the Pre-Programme Questionnaire. Return both to the address below, together with a cheque for £255.00 made payable to The Mindfulness Centre NI, 22 Wandsworth Glen, Bangor, BT19 1YY

**Name:** .....

**Address:** .....

.....

**Post code:** .....

**E-mail:** .....

**Telephone/landline**.....

**Telephone/mobile** .....

**Date of Birth:**  
.....

**Male/Female:**  
.....

**Occupation:**  
.....

**Please indicate which programme you are registering for, by stating the programme start date**

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**If you have any questions or concerns about whether this is the right course or time for you, please contact us on 07989236966 to discuss. If the programme is not right for you at this time we will return your payment.**



## Pre-Programme Questionnaire

The aim of this programme is to promote awareness of your mind and body through the cultivation of mindful awareness. It is suitable for people wishing to enhance their general physical and mental, wellbeing.

NB The programme is not being offered as a treatment for any specific physical or psychological conditions. It is not suitable for people who are currently experiencing very severe problems in these areas.

Please let us know if you have any simple health care needs that we can accommodate. We are unable to take responsibility for any aspect of your health care, during or after the programme.

### Physical condition

Do you have any limitation on your physical mobility that might make sitting, standing, walking or gentle yoga difficult for you?

Yes No

If yes, please describe as fully as possible.

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### State of mind

Are there any present circumstances which might be placing you under additional stress or make meditation difficult for you e.g. depression, anxiety, psychotic illness, drug and/or alcohol dependency issues, stressful life changes (e.g. bereavement, loss of home, job etc)?

Yes No

If yes, please give full details.

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**Medication**

Are you currently taking medication for any physical or psychological conditions?  
Yes No

Please specify condition and medication.

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**Your reasons for wanting to attend the programme**

Why do you want to come on the programme (e.g. physical health, mental health, stress, self-development, etc.)?  
What do you hope to gain?

.....  
.....

**Undertaking**

I undertake to be responsible for my own wellbeing during the 8-week Mindfulness programme.

Name..... (please print in BLOCK CAPITALS)

Signature..... Date.....

Once you complete the forms return them to the address below, together with a cheque for £ 255.00 made payable to  
The Mindfulness Centre NI,  
22 Wandsworth Glen,  
Bangor, BT19 1YY