



## Mindfulness Programme Registration Form 2025

Please complete both this Registration Form and the Pre-Programme Questionnaire.  
Return all pages via email to [info@mindfulnessni.org](mailto:info@mindfulnessni.org)  
(Print out the pages / fill them in / then scan or photograph them and email them)

Payment for the course can be made via the bank details on page 3

**Name:** .....

**Address:** .....

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

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

**Access to computer and internet. Yes/No** .....

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

**Age:**  
.....

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

**Occupation:**  
.....

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

.....

**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.

### 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.

.....

.....

### 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.

.....

.....

.....

**Medication**

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

Please specify condition and medication.

.....  
.....

**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 email them to [info@mindfulnessni.org](mailto:info@mindfulnessni.org) and make the payment for £ 285 via BACS transfer to

Danske Bank  
Julie Caroline Stewart  
Sort Code: 95 02 51  
A/C no: 70125911