

8- Week Mindfulness Course Application Form

Please complete the following questionnaire. All your information will be kept confidential and will be destroyed after the course.

Name	
Address	
Email	
Phone Number	
Date of Birth	
Occupation	

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

2. If you have experienced any mental ill health in the last few years, such as depression, anxiety, please tell me about it here:

3. If you are taking medication at the moment, please say what it is and what it is for. (please be assured that this is not an exclusion criteria).

Dominique Girardini

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4. If you are going through - or will shortly go through - any significant life changes at the moment please briefly say what they are (e.g. moving home, loss of job, illness, relationship issue, bereavement, etc.)

5. What is drawing you to the course?

6. Do you have any previous experience of meditation?

7. You will get the greatest benefit from the course if you complete 40 minutes of formal practice every day for the duration of the course. Are you willing to make a commitment to this? Please think about how you will incorporate the practice into your daily routine.

8. Whilst a course of this type normally has many positive effects, it can include a period of transition which can be challenging. Although I will be here to guide you through this I recommend that you also have in place a support network of your own. Please say a few words about it if you'd like to.

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Once I receive your application form, I will contact you to arrange a brief orientation call. Please indicate how and when you would prefer to be contacted.

Once we have mutually agreed that the course is right for you *at this stage in your life*, I will send you my banking details and require payment in full to secure your place on the course. If you are subsequently unable to participate and notify me up to **4 weeks** before the start date, I will refund this fee.

Once you have completed this form please:

1. Save it to your desktop
2. Email me the completed form as an attachment to the following address info@southlondontherapy.net

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