**Frantic World Mindfulness Course**

****Application Form

**Course Details**

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| **Course Title** | Frantic World Mindfulness Course | **Cost** | n/a | **Venue** | Ashford Preparatory School, Great Chart, Ashford, Kent |
| **Dates** | * Monday 21/01/19 – Monday 18/03/19 (not Monday 18/02/18) | | | | |

**Applicant Details**

**Please complete all of the following sections using BLOCK CAPITALS for the purposes of clarity.**

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| **Title (Mr, Mrs Etc.):** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **First name:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Surname:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Postcode:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Telephone No.:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Email Address:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Emergency Contact Information to be used in the event of an emergency during a session:**

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| **Name:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Telephone No.** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Where did you hear about the course?** |  |

**Questionnaire**

Your answers to these questions will help us to gain an insight into your reasons and motivations for undertaking the Mindfulness Based Cognitive Therapy course. Please answer the questions briefly and we can talk more about this when we meet.

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| **Please share a little about your reasons for wanting to attend the course….** |
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| **Please detail your previous experience of practices such as meditation, yoga, tai chi or similar….** |
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| **It is important that you attend all 8 sessions of the course. If you are aware of any session/s you will not be able to attend, please indicate dates and details ….** |
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| **Practice between sessions is an essential part of the course. How confident are you that you will be able to commit to about 1 hour of home practice per day?** |
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| **Please select a point on the scale below to indicate the current levels of stress in your life…** |
| |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Virtually no stress most of the time | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Extremely stressful most of the time |   *This refers to your general sense of the demands of your everyday life* |
| **If there are any particularly stressful situations in your life at present, please describe briefly….**  ***This refers to “major changes” happening or about to happen: things such as changes in close relationships, work, where you live, health, or any past major difficulties which affect you and you feel able to share, confidentially.*** |
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| **Is there anything you anticipate you might find difficult about the course….** |
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| **What do you think you might enjoy most about the course….** |
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Tenterden Mindfulness Group takes the issue of data privacy and security seriously, and our privacy policy can be viewed on our website. We will hold your contact information on our database and use it to contact you periodically with information about this course and the group’s activities. We will **NEVER** share you information with anyone else. ***All other personal information given in the ‘Questionnaire’ section of this form will be securely destroyed at the end of your course.***

**Please tick here** to indicate you are happy for your **contact details** to be held in our secure database and used to keep you up to date with the course and the activities of the group.

Signature …………………………………………………… Date …………………………..……………..

**Please place your completed application form in a SEALED envelope marked:**

**‘FOA Dr. Neil Pillai, Mindfulness course’**

**and leave it with school reception, thank you.**

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