

Mindfulness-Based Cognitive Therapy Course Registration Form

Please complete both this Registration Form and the Pre-Course Questionnaire. Return both to the below address, together with a cheque for £320 made payable to *Mindful Action Ltd*. Please note that payment is required within 10 days of receiving the forms or your place may be cancelled due to incompletion.

Full Name:		
Preferred Name:		
Address:		
Post code:		
E-mail:		
Telephone/landline:		
Telephone/mobile :		
Date of Birth:		
Gender:		
Occupation:		
Please indicate the c	ourse start date you are registering for:	
If you have any question please contact Dr Esther	is or concerns about whether this is the right course or time. Riggs on 07793006723 to discuss. If the MBCT program payment you have made will be returned.	•
Signature	Date	



Pre-Course 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 mental and physical well-being. Please note that the course 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 course.

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 current 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, relationship breakdown, 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.			



	on the course (e.g. mental health, stress, physical health, personal
development, etc.)? What	do you hope to gain?
Undertaking	
I undertake to be responsi Cognitive Therapy progran	ble for my own well-being during the 8-week Mindfulness-Based nme.
Name	(Please print in BLOCK CAPITALS)
Signature	

TERMS AND CONDITIONS

The aim of this course 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 mental and physical well-being. It is not suitable for people who are currently experiencing very severe problems in these areas. In the unlikely event that we do not believe the class suitable for you at this time, we will get in touch with you as soon as possible to explain why and process a full refund.

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 course and recommend that you contact your GP in the event of any deterioration in your health.

You undertake to be responsible for your own well-being during the 8-week MBCT course.

Confirmation of booking details

You confirm that you are booking a place on the course for yourself and the details given pertain to you, that you are aged at least 18 and that you are happy for us to contact you before the class if we need to.



How we use your information

We will not pass your personal details to anyone else. Nor will we contact you for advertising or promotional purposes. If you do not have an email address, please call Mindful Action on 07793 006723 to book your course.

Cancellation policy

If you wish to cancel your booking we will refund your fee, with a deduction of £20 to pay for administration, if you let us know 21 days or more before the course takes place. If you are not able to cancel your booking giving us 21 days' notice, we will not be able to give you a refund.

PLEASE SEND CHEQUE AND BOOKING FORM TO:

Dr Esther Riggs,
Chartered Counselling Psychologist
Mindful Action Ltd,
Suite 214,
41 Oxford Street,
Leamington Spa,
Warwickshire,
CV32 4RB

Please make cheques payable to Mindful Action Ltd.