Who am I with you?

A 6-week course exploring mindfulness and relationships

Application form

*Please be assured that only the facilitator will see the details on this form, which will be treated with complete confidentiality.*

Name …………………………………….…………………………………………………………………………………

Date of Birth …..…….……….…………………………………………………………………………………………

Street Address ..………………………………………………………………………………………………………..

Suburb ………………..…………………………………. Postcode ……..………………………………………

Phone ………………..…………………………………………………………………………………………………….

Email ………………………………………………………………………………………………………………………..

Occupation ……………………………………………………………………………………………………………….

Emergency contact:

Name …………………………………….…………………………………………………………………………………

Phone ………………..…………………………………………………………………………………………………….

Why do you wish to participate in this course?

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Do you have any experience in mindfulness or meditation? If so, for how long have you practiced and what type of meditation (if applicable)?

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Have you had a previous mental health diagnosis? What do you think about that now?

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Are you on any prescribed medication or non-prescription drugs that may affect you during light exercise or meditation? (Please list)

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Do you have any health concerns (physical or mental) you believe may impact your ability to participate? (Please list)

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Is there anything else you think the facilitator would need to know, or you would like to tell the facilitator, regarding your participation in the course that you have not mentioned above?

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This course involves the training of awareness. When this is done, greater attention is brought to sensations, emotions and thoughts. This offers more resilient ways to be with these and affords an opportunity to see habitual patterns more clearly.

During the course, there will also be some discussion of early relational trauma and the ways in which we may have come to have the patterns in relationships that we do.

There is every intention for this course to be a safe and holding space for any material to arise.

The facilitator will contact each applicant to arrange a telephone conversation prior to the beginning of the course.

The course includes skill training in relaxation, meditation and mindful movement. By signing this form, I:

* understand that I am under no obligation to engage in these practices
* undertake to engage in the practices only to the extent that they are safe for my wellbeing, both during and outside of course hours
* will not hold the facilitator of the course liable for any injury incurred from these exercises or through my participation in the course
* acknowledge that I am responsible for my mental health outside of the course hours and will contact my regular health professional or an emergency contact line should any issues arise.

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Name (please print)

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Signature

………………………………………………………………………………………………………………………………….

Date