

MINDFULNESS 4 WELLNESS BOOKING FORM

Groups & One to One Mindfulness Courses

Tell us some basic information:

Course Title/Date:

Title:

Start Date:

Full Name:

First Name:

Last Name:

Age

Gender (mark 'M' or 'F'):

E-Mail Address:

Address:

Street Address:

Street Address (line 2):

City:

County:

Postal Code:

Mobile Phone No:

Home/Work Phone No:

Please provide contact details for who we should contact in case of an emergency when attending a course with us.

Emergency Contact Name:

Emergency Contact Number:

Tell us about you

To help us ensure that this course meets your needs at the present time, please take a little time to answer the following questions:

What has brought you to choose this course? Please outline briefly:

Do you experience acute or debilitating depression or any other mental health conditions? If so, can you please say a little more about this?

Are you OK to work alongside others in a group situation? (Please note that group size varies between 8 and 14 people)

Are you able to practice mindfulness exercises/techniques for at least 30 minutes per day for the duration of the course?

Do you have any particular needs that it would be useful for us to know about (e.g. restricted mobility, hearing or visual impairment)?

We will be giving out additional recordings during the course. Which format would you like these on?

- USB STICK
- MP3 CDS
- COMPACT DISCS

Please add any other comments here:

Payment Information

Please select which rate you will be paying. On each course, we offer a limited number of concessionary rates for people with significant financial hardship.

Payment Options:

- Organisation
- Individual
- Concession

Please select whether you would prefer to pay the full amount, or a deposit, with the remaining balance at a later date. For deposit payments, the remaining balance is payable one week before the start of the course

Payment method

- Full
- Deposit
- Balance

By cheque (made payable to DANIELA CORONELLI)

or by Bank Transfer, made payable to the following:

Account Name:	D Coronelli
Sort Code:	30-94-83
Account Number:	2779456
Reference:	Your Name

Please send cheques (and this form) to the following address:

D. Coronelli, c/o 13 Blacklers, Park Road,
Dartington Hall, Totnes, Devon, TQ9 6EQ

Note: If you are paying by cheque, please send this form and your cheque.

Keeping in Touch

How did you hear about the 'Mindfulness4Wellness' courses?

- Friend/Family/Colleague
- Doctor/Hospital
- Support Group
- Magazine Article
- Magazine Advertisement
- Website
- Event
- Poster/Flyer/Leaflet
- Other

Tick the box below if you would like to receive emails from 'Mindfulness4Wellness', with offers and discounts. We will never pass on your details to other organisations.

- Newsletter sign-up

