**Registration Form**

**6 Week Self-Compassion Graduate Courses**

Date of the Course:

Time: Evenings: 7.00 – 9.00pm

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Thank you for filling out these forms. We realize the personal nature of these questions.

Please be assured that the completed forms are kept in strict confidence.

Name: ………………………………………………………………………………………………….……

Address: ……………………………………………………………………………………...................…

Phone Number: …………………………………… Occupation: …………………….……………..

Email address: ……………………………………………………………………………………….…….

Date of Birth: …………………………………........ Next of Kin: ……………….…………………..

 Phone Number: ………………………………

When did you complete the MBSR 8 week course (approximately) ?

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Please describe your reasons for enrolling in the Self Compassion course:

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List three intentions you have for yourself in attending this course:

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What, if any Mindfulness practices are you engaging in on a regular basis?

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Have you experienced any recent major stressors, e.g. new job, separations, bereavement etc?

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Are you currently on any prescribed medication?

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Is there anything that may limit your participation in this programme or need special attention?

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Any comments:

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(Changes from original)

Please **email** this registration form to:

Jenny at admin@mindfulnessauckland.co.nz

or send to:

Mindfulness Auckland
P.O. Box 78296 Grey Lynn, Auckland 1245

**Payment of the fee of $400.00 plus GST can be paid directly into our bank account:**

**Please reference your invoice number**

Westpac Bank Account: 03 0255 0751391 000

(Payment of the full fee is required before commencement of the course)