# **Application form for 8 week course in Mindfulness-based Stress Reduction (MBSR)**

It is helpful for me to have some information about participants in advance so that the course is tailored to the group. Please answer the following questions **where appropriate**. Any personal information you give is kept in confidence and will be seen only by me. The information is kept securely during the course and destroyed after the 8-week course.

In order to reserve a place for yourself, please enclose a €50 deposit with this application form. (Cheques/postal orders can be made out to Seamus McMahon)

**Your name: Date of birth (optional):**

**Home phone: Mobile phone:**

**1. Do you have any physical illness or other limitation that may make sitting, standing, walking or doing simple exercises difficult for you?   
If yes, please tell me about it here:**

**2. Have you had any challenges within the last few years, such as anxiety, depression, or stress?**

**3. If you are taking any medication at present, please say what it is and what it is for (if appropriate):**

**4. Have you had any disturbing life event in the last year, which may make the course difficult for you?**

**5. Please indicate briefly, what has drawn you to the course?**

**6**. **Please give the name and phone number of an emergency contact person. You may also wish to include the contact details of a therapist if applicable.** (Optional)

Undertaking a course of this type offers an opportunity for change and change can be challenging at times. If applicable, you may wish to consider discussing taking this course in advance with your therapist or GP.

This course is experiential and practical and it does require input on your part to get the most out of it. It recommended that you plan to set aside about 30 minutes each day to listen to audio-CDs of various mindfulness practices. This time will be a great opportunity to nourish your own well-being.

Please feel free to ring me at 0851636300 if you have any questions relating to this course.

**Your Signature**…………………………………………………………………………

Please return this form to:

Seamus McMahon, 10 Woodford, St. Philomena’s Road, Crosshaven, Co. Cork.

Tel: 0851636300

seamusincrosshaven12@gmail.com