



REGISTRATION FORM

BREATHWORKS MINDFULNESS FOR STRESS COURSE

We would appreciate you filling in this form and providing us with some personal details. This is so we can compile a database to keep you informed of St Michael’s Hospice events in the future. It also provides us with information so we know who to contact in the unlikely event of you becoming unwell whilst attending a session of the course.

Any information you provide will be treated confidentially. Your details will be stored on our computer database and will not be passed on to a third party. However, if you are happy to have your **email address** shared with breathworks, who may contact you regarding research and other news please tick yes. If you would prefer to opt out of receiving correspondence, please tick no. YES NO

| | | | |
|---------------|--|---------------|--|
| Name | | | |
| Address | | | |
| Phone number | | Mobile Number | |
| Email Address | | | |

Contact details of next of kin in case of an emergency whilst you are attending a class

| | |
|---------------------|--|
| Name | |
| Relationship to you | |
| Phone number | |
| Mobile number | |

Details of your GP or Healthcare professional we could contact in case of an emergency

| | |
|--------------|--|
| Name | |
| Address | |
| Phone number | |

How did you hear about the mindfulness course?

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As part of your course you will receive audio meditation practices these are available in either CD format or as a digital download. Please state which you would prefer. CD Digital Download