

MEDITATION ENROLMENT FORM



Name Date of Birth...../...../.....

Postal Address

Telephone Number/s Home

Mobile

E-Mail.....

Occupation.....

Please briefly outline your reasons for wanting to learn and practice meditation

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Do you suffer from diagnosed depression? YES / NO

Have you practiced any meditation before? (please provide details of what style - if known - and for how long you have practiced meditation?)

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Are you comfortable sitting cross-legged on the floor for meditation? YES / NO (seating can be provided if needed)

Do you have any information concerning your overall health and wellbeing (both physical and mental), which you feel is important for your Meditation/Yoga Teacher to know?

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Please note that whilst a personal meditation practice has many associated health benefits, this particular meditation course is not suitable for people currently experiencing depression. Hatha yoga, regular physical activity and gardening are more useful activities. Please note there are some meditation and mindfulness courses which, when run by someone with mental health qualifications, are able to be undertaken by those experiencing depression. Your teacher will normally have spoken to you individually about this upon the time of enrolment, but if you have any further queries, please do not hesitate to ask and clarify.

Please note: all information provided will be treated in a respectful and confidential manner.