



Oxford Mindfulness Centre
Oxford University Dept of
Psychiatry
POWIC Building
Warneford Hospital
Oxford OX3 7JX
Tel. 01865-613152/613141

Mindfulness Programme Registration Form

Please complete this Registration Form and the Pre-Programme Questionnaire. Both should be returned to the above address, together with a cheque for £250.00 made payable to *Oxford Mindfulness Centre*.

[Please print clearly]

Name:

Address:
.....
.....

Post code:

E-mail:

Telephone/landline:.....

Telephone/mobile:.....

Date of Birth:

Male/Female:

Occupation:

Please indicate which programme you are registering for, by stating the programme start date

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We will contact you, by telephone, on receipt of your booking, to discuss any questions you or we may have and if the programme is not right for you at this time we will return your payment.

Signature:

Date:

Pre-Programme Questionnaire

The aim of this programme is to *promote awareness of your mind and body* through the cultivation of mindful awareness. It is suitable for people wishing to enhance their general physical and mental wellbeing.

NB The programme is not being offered as a treatment for any specific physical or psychological conditions. It is not suitable for people who are currently experiencing very severe problems in these areas.

Please let us know if you have any simple health care needs that we can accommodate. We are unable to take responsibility for any aspect of your health care, during or after the programme.

Physical condition

Yes No

Do you have any limitation on your physical mobility that might make sitting, standing, walking or gentle yoga difficult for you?
If yes, please describe.

<input type="checkbox"/>	<input type="checkbox"/>
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State of mind

Are there any present circumstances which might be placing you under additional stress or make meditation difficult for you e.g. depression, anxiety, psychotic illness, drug and/or alcohol dependency issues, stressful life changes (e.g. bereavement, loss of home, job etc)? If yes, please describe.

<input type="checkbox"/>	<input type="checkbox"/>
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Medication

Are you currently taking medication for any physical or psychological conditions. Please specify condition and medication.

<input type="checkbox"/>	<input type="checkbox"/>
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Your reasons for wanting to attend the programme

Why do you want to come on the programme (e.g. physical health, mental health, stress, self-development, etc)?

What do you hope to gain?

Undertaking

I undertake to be responsible for my own wellbeing during the 8 week Mindfulness programme.

Name.....

(please print in block capitals)

Signature.....

Date.....