

**Mindfulness  
Courses & Workshops  
Protocol for Self – Health Check & Questionnaire**

**Your Name (block capitals)**

**Telephone:**

**Email:**

**Permanent address**

**Emergency contact**

**Name**

**Relationship**

**Phone**

**Email**

**Guidelines:**

Participation in a Mindfulness course includes, but is not limited to, conscious breathing, meditation and gentle mindful movement. While mindfulness can be a positive experience for many, it can nevertheless be quite intense for some. The following guidelines should be applied.

- If you have a significant history of recurring depression, anxiety, PTSD, trauma or mental illness, you must check with your doctor or medical practitioner to determine the appropriateness of attending.
- The Mindfulness course/workshop must not be viewed as a substitute for medical attention, examination, diagnosis or treatment.
- As a participant, it is your responsibility to advise the teacher of any condition; physical, emotional or mental that may impact your participation in the class. This responsibility extends to keeping your tutor informed of any changes as they occur. Also, please keep your medical doctor / professional advisor up to date as appropriate.
- Please inform the tutor on arrival if you are taking any medication that may affect your practise.
- In this course/ workshop we will be using seated postures, standing and walking as well as lying down. Please wear comfortable clothes such as a jogging top and bottom.
- As is the case with any activity, the risk of injury is always present. You are advised to proceed and progress at your own pace.

**PARTICIPANT DECLARATION:**

- I have read and fully understand this protocol for this course.

**Signature**

**Date**

Thank you for completing this part of the form. Now, Please, complete the rest of the questionnaire as well. Please use additional space as appropriate in completing this form.

**Mindfulness Questionnaire (Continued.)**

**Your Name** (block capitals)

**Please answer the following questions to help us enhance the course experience for you.**

***Your life***

1. What are some of your favourite ways of relaxing?
  
2. What challenges or issues you face most frequently;
  - 2a) at work?
  - 2b) at home?

***Your Health***

- 3a) Please mention any health conditions that are impacting your quality of life?
  
- 3b) Please list any medications that you are taking at present?

***Your experience of Mindfulness***

- 4a) Please give details of your experience and practice of Mindfulness meditation?
  
- 4b) What does the word compassion mean to you?

***Your expectation***

- 5a) What do you hope to gain from this course/workshop?
  
- 5b) Please list any success criteria you will apply to assess your progress.

***Participant DECLARATION:***

- I have read and fully understand this form and accept the guidelines stated overleaf.
- I agree to inform the tutor in writing of any future change to my medical condition and will sign and date these changes as they occur.

***Signature & Date***

All responses are confidential. Please bring a hard copy of your response for the tutor to the first session. Thank you for completing this form.