

KARUNA INSTITUTE

Mindfulness in Relationship

Taster Day

Application form

Please complete in block capitals and send the completed form with deposit of £10 cheque payable to Cheryl Allen or BACS payment: sort code: 20 74 20 acc: 60197335 to: Cheryl Allen, Sea Breezes, 15, The Square, Pentewan, St Austell, Cornwall PL26 6DA or cheryltara.ca@gmail.com

Name:

Address:

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..... Post code:

Tel (home): Tel (work) :

Mobile: Email:

Date of Birth:

Mental Health: Please give details of any past or present mental health conditions you have had, and particularly ones involving psychiatric support.

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Physical/Mental Health: Please give details of any physical disabilities; medical condition; or specific learning difficulty (such as dyslexia) that you may have:

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Counselling/Psychotherapy: Please give details of any experience of counselling/psychotherapy you have:

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Meditation/spiritual practice: Please give details of any experience of meditation/spiritual practice you have:

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