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| **Mindfulness-based Cognitive Therapy Course Application Form** | |
| Date of Course |  |
| Name |  |
| Date of Birth |  |
| Gender |  |
| Address |  |
| Post Code |  |
| Telephone Number |  |
| Email Address |  |
| Please specify:  GP  Specialty  Grade |  |
| What appeals to you about the course? |  |
| How did you hear about the course? |  |
| Have you any previous meditation experience? |  |
| Will you be able to attend all sessions? |  |
| What are your thoughts about making time for the home practice? |  |
| Additional information and/or questions: |  |

Please email this application form to: lucy.harrison@schoolofmindfulness.co.uk