**Application form for a space on the Heart of Wisdom and Kindness Silent Retreat.**

**Terms & Conditions:**

I confirm by completing this application form that I have read the [course description](http://mindfulacademyint.com/the-heart-of-wisdom-and-kindness-retreat/) and relevant information sheets and understand and agree to the [payment and cancellation arrangements](http://mindfulacademyint.com/terms-and-conditions/) of the Mindful Academy International

**Data Protection Policy:**

By completing this form I confirm agreement with Mindful Academy International collecting, storing and using the personal data as intended and explained in this application form. For full details of our Privacy Policy please visit http://mindfulacademyint.com/privacy-policy/

**About You:**

Title:

First name:

Surname:

Address:

Phone number:

Email:

Date of birth:

**Emergency contact:**

Name:

Telephone number:

Relationship to the participant:

**Where did you find out about this Silent Retreat?** Google/Face Book/Word of mouth/Internet search/Events List/other please state

**Your physical health:**

Please provide the name of your Doctor:

Please provide the address of your Doctor:

Please provide the phone number of your Doctor:

Do you have any current medical conditions? Yes No

Do you have any physical illness or other limitation that may make hearing, sitting, standing, walking or doing simple exercises difficult for you? Yes No

**Your mental health:**

Have you had any mental health issues or concerns within the last few years, such as anxiety or depression? Yes No

Have you ever received psychiatric or psychological treatment before? Yes No

Have you ever made a suicide attempt? Yes No

If you are currently receiving counseling, psychotherapy or any mental health treatment please tell your therapist that you are undertaking this course.

**Alcohol and other substance abuse:**

Has alcohol or drug use (including over-use of prescribed medication) ever caused problems for you? Yes No

**Experiences of unsettling events:**

Sometimes things happen to people that are extremely upsetting – things like being in a life threatening situation like a major disaster, very serious accident or fire; being physically assaulted or raped; seeing another person killed, dead, or badly hurt, or hearing about something horrible that has happened to someone you are close to. At any time during your life, have any of these kinds of things happened to you? Yes No

**Course fees:**

To secure your space we ask for a 200 euro non-refundable deposit. The balance is due 8-weeks before the retreat starts with the exception of retreats held at the Hotel Tossal d’Altea, where the accommodation portion of the costs is payable on check out.

Please indicate which retreat you wish to book:

* **6-Day Thursday 26th September at 4 pm to Tuesday 1st October at 7.30 pm in Altea, Spain**
* **5-Day Thursday 20th February at 4 pm to Monday 24th at 2 pm in Altea, Spain. Please state which board basis you would like to request. Twin rooms are subject to availability:**
	+ **Single room with full board €606**
	+ **Single room with half board €546**
	+ **Twin room with full board €486**
	+ **Twin room with half board €546**
* **5-Day Thursday 25th June to Monday 29th June at 2 pm at the Cabragh Lodge, Ireland**

**Mindfulness Practice:**

Please advise about your duration of personal practice – e.g. under 1 year, 1-2 yrs, 3-5 yrs, 6-10 yrs, over 10 years

Please detail of the style/tradition of practice – e.g. MBSR/MBCT approach, Buddhist tradition (say which), other (give details)

**Details of any Mindfulness training you have attended:**

Participation in 8-week course(s) and date(s)

Participation in further ‘deepening’ courses (give details)

Teacher training (give details)

Are you currently teaching Mindfulness-based courses? If so please give details

**Details of any previous Retreat experience**

How many previous retreats have you attended (if any) please also detail when, where and duration.

**Other:**

Please let us know if you have any special requirements or dietary requirements.

Please indicate briefly your intention for attending this silent retreat.

Any other information you would like to pass onto the admin team or teachers in connection with this application: