Sussex Mindfulness Centre Mindfulness Courses for Trust Staff

To help us support you as best we can, we would be grateful if you would complete the following questions. If there are, however, any questions you would prefer not to answer please leave them blank.

The form will remain confidential to the course organiser and facilitator.

Personal Details – all sections on contact details required						
Your name:						
Your job title:						
Correspondence address (including postcode):						
E-mail address:						
Telephone (landline):			Mobile No:			
How should we contact you if y attend a session of the course Please give a number or email Please note you may not be at if sick, for example.	?					
Manager's Details – Please provide details of the manager who approved this application						
Manager's Name						
Manager's job title:						
Manager's e-mail address:						
Have been recommended to attend by an Occupational Health Adviser?				Yes / No		
If 'yes' please complete the fol	lowing section	n. If 'no' please g	go to Reasons	for Apply	ring section.	
Occupational Adviser Details	S					
Full Name:						
E-mail:						
Contact Telephone Number:						

Reasons for Applying					
So we can understand how to best let people know about our work, please tell us where you heard about this course:					
Why do you want to attend this course?					
The course involves a commitment to attending nine weekly groups and to practice for 30 to 40 minutes per day in between groups using CDs and workbooks that will be supplied.					
Can you foresee any practical or other difficulties that you may have with doing this? Yes / No					
If 'yes', please explain					
The Mindfulness course does ask people to make gentle movements. These can usually be adapted to					
meet people's needs. If you have any physical mobility issues please provide details below:					
Have done any meditation or yoga/Chi Gung before? Yes / No					
If 'yes', please provide brief details of what you have done, whether you currently practice and how long					
you have been practicing for?					
Is there anything else it would be helpful for us to know that might affect how you get on in the group? (for example, it would be important to mention any mental health issues, any recent, significant stress or life events, and any concerns you might have about being in a group of about 10 other colleagues). Even if you do not include any detail here, it is important that the facilitator is aware if these issues exist so s/he can support you should they manifest in the process of doing the group:					

Please complete page 3 with your course choices...

Course Details Please let us know which groups you can attend by placing them in order of preference from 1 to 6 where 1 indicates your most preferred group.								
Group Number	Location	Dates and times	Group Leader					
Group	East Brighton Mental Health Centre, Brighton General Hospital, Elm Grove, Brighton BN2 3EW Group Room 2	Please note this is a Mindful Self-Compassion Group Mondays 8 rd October – 17 th December 2018 (All day on 8th Dec) 3 – 5.30pm	Robert Marx and Catherine Cameron					

Thank you for completing this form.

Please return your completed form via email to: smc@sussexpartnership.nhs.uk

Or post to: Education and Training

Aldrington House, 35 New Church Road, Hove BN3 4AG

If you have any queries regarding the course or completing this form please contact Sussex Mindfulness Centre on 0300 304 2057