

**Sussex Mindfulness Centre**

**Mindfulness-based Cognitive Therapy (MBCT) Course 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.

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| **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 you do not  attend a session of the course ?  Please give a number or email.  Please note you may not be at work  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? | | | |  |
| If ‘yes’ please complete the following section. If ‘no’ please go to **Reasons for Applying** section. | | | | |
| **Occupational Adviser Details** | | | | |
| Full Name: |  | | | |
| E-mail: |  | | | |
| Contact Telephone Number: |  | | | |
| **Employment Details** | | | | |
| Your core profession: |  | | | |
| The service you work in: |  | | | |
| The CDS your service comes within: |  | | | |
| The care group you work with: |  | | | |

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| **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? |
| Have you attended any Trust 8 week Mindfulness groups before? If so, when? And with whom as teacher? |
| The course involves a commitment to attending nine 2 hour groups and to practice for 30 to 40 minutes per day in between groups using CDs and workbooks that will be supplied.  Having checked all the dates and times, can you foresee any practical or other difficulties that you may have with doing this?  If ‘yes’, please explain. |
| The MBCT 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 you done any meditation or yoga/Chi Gung before?  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: |

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| **Thank you for completing this form.**  **Please return your completed form via email to:**  **smc@sussexpartnership.nhs.uk**  **Or post to:**  **Psychology & Psychological Therapies**  **Aldrington House**  **35 New Church Road**  **Hove**  **BN3 4AG**  **If you have any queries regarding the course or completing this form please contact Education and Training on 0300 304 2057** |