

Mindfulness Meditation &/or Deep Relaxation Student Form

Please complete the following questions & email to classes@MyYogaMind.co.uk The information will help me to tailor the class to your individual needs and provide contact details in an emergency or if the class should be cancelled. * Please provide (with their permission) an emergency name & contact number

Name: _____ email: _____ Contact no/s. _____

* Emergency contact name & no. _____ (please obtain permission first)

Address: _____

Where did you hear about this class?
Which class would you like to attend? E.g. Wed lunchtime
Have you done Meditation or Deep Relaxation before & if so for how long?

Briefly describe what brings you to Meditation or Deep Relaxation and what you hope to gain from it

Please provide details of any issues or medical or psychological conditions that are relevant & let me know if anything changes in future.
<i>Classes can be therapeutic, but they are not a therapy. If you are currently experiencing difficulty in your life and/ or receiving or have recently received treatment for any mental health problem, please consider whether this class is suitable for you at this time.</i>

I understand that this is a general educational Meditation class and not a treatment for mental health problems.		
I understand that I should only practise exercises that are comfortable for me.		
To my knowledge, all the above information is correct.		
Name	Signature	Date

The data you provide will be kept in a password protected file/ locked cabinet whilst you are at my classes & deleted/ destroyed either at your request or after 3 years