



Stillworks Meditation Booking & Registration Form

I would like to book for

Dates:

Venue:

Cost:

Name.....

Please indicate:

I enclose a cheque made payable to Natalie Snuggs / cash for £.....

I will pay by BACS method £..... :-

Name: MRS NATALIE A SNUGGS

Sort Code: 52-30-03

Account Number: 30121140

If paying by BACS, please use your name as the reference. Confirmation will be sent as soon as payment is cleared.

Please complete the registration details overleaf and return on attending or with booking. These are for insurance purposes as well as your well-being.

GDPR regulations:

In order to comply with the GDPR regulations can you please tick the boxes below?

I agree for you to store my data, for the period laid down by your insurance. I understand that this data will be stored securely.

I agree for you to use my data so that you can provide me with information about any future courses that you may be running.

I understand the need to respect confidentiality. If I need to share with others outside of a group I will share from my own direct experience and not that of other members.

I have read and understood the Zoom / Online Learning Guidelines.

Natalie Snuggs, Stillworks Meditation, Island House, Colhugh Street, Llantwit Major, CF61 1RE. Tel: 07341 264686.

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The following information will protect your health and well-being and will be kept in the strictest confidence. This will not be viewed by any third party without your consent.

Name DOB

Address

Telephone email

1st Emergency Contact Name:.....Telephone No:.....

2nd Emergency Contact Name:.....Telephone No:.....

Please tick any of the following that apply to you:

Visual impairment Hearing impairment Restricted mobility

High or low blood pressure Asthma Anxiety

Other (please state):
.....
.....

I confirm that the above information is correct.

Signed **dated**

(please note that if you are under 18 parental consent will be needed)

Student’s responsibility – Meditation is a safe and effective stress management tool. However, if you have any of the following conditions or are under supervision by the mental health team/health care provider, we will require you to obtain consent from them to attend this meditation course.

If you tick “yes” to any of the following contra-indications please either **provide a letter** from your mental health team/health care provider or **alternatively sign the declaration** below to confirm you have verbal consent from your mental health team/health care provider.

Epilepsy Bipolar PTSD Schizophrenia Psychosis

I declare I have made my mental health team/health care provider aware that I am attending a Meditation course and I agree that I will notify my mental health team/health care provider should my health or symptoms change during the course.

Signed Dated