

Application Form  
for  
Mindfulness Based Stress Reduction or Mindfulness Based Cognitive  
Therapy

It is helpful for me to have some information about participants prior to starting a Mindfulness course so that the course will be appropriate to the group. Some of the information is personal and it will be kept in confidence. Other information is useful for me to have in order to contact participants in case of a cancelled class or if there is follow up information people may be interested in getting.

**In order to reserve a place for yourself, please enclose a 50 euro deposit with this application form  
(cheques / postal orders can be made out to Catherine Sutton).**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email (**please write clearly**) \_\_\_\_\_

Home Phone \_\_\_\_\_

Mobile phone (**please write clearly**) \_\_\_\_\_

Date of birth \_\_\_\_\_

Occupation \_\_\_\_\_

Do you have any people that you are caring for at the moment (family, friends, neighbours) \_\_\_\_\_  
\_\_\_\_\_

What are the biggest challenges / stresses in your life at present? -  
\_\_\_\_\_  
\_\_\_\_\_

If there is a challenge in your life at the moment how would you say it is effecting you? \_\_\_\_\_  
\_\_\_\_\_

Do you have any person that you would consider supports you? \_\_\_\_\_

Are you on any prescription medication? \_\_\_\_ Please state what it is \_\_\_\_\_

Do you have a history of substance abuse? \_\_\_\_ Please briefly outline this \_\_\_\_\_  
\_\_\_\_\_

Please mention any **physical** problem that you may have at the moment, for example digestive problems, headaches, poor sleep \_\_\_\_\_  
\_\_\_\_\_

**PTO**

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Please mention any **emotional/ mental** problems that you have at the moment, for example anxiety, stress, poor concentration, depression, fears, OCD. \_\_\_\_\_

\_\_\_\_\_

Are you currently, or were you previously, attending a therapist /counsellor or psychiatrist?

If you wish to, please name this person \_\_\_\_\_

It would be helpful for me to know why you are choosing to do this course at this particular time in your life. Could you please outline some of your reasons for choosing this course: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THANK YOU.**

Please either email this to me at [csutton@lismore.info](mailto:csutton@lismore.info) or send it to Catherine Sutton, Ballinvella Lismore, Co. Waterford.

As this course is very experiential and practical, it does require input on your part if you want to get the best out of it. It is therefore very helpful not to take on extra responsibilities in the 8 weeks that you are participating so that you leave yourself some space to do the home practices which consist of listening to a 35 minute CD of various mindfulness practices daily (if possible) plus other daily activities that are simply done with greater awareness. Looking ahead to the 8 weeks as a time to nourish your own well-being is a great start!

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