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**Mindfulness Taster Sessions 2017 – Registration Form**

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| **First Name:** |  |
| **Surname:** |  |
| **Job Title:** |  |
| **Department:** |  |
| **Site/Directorate/ HSCP:** |  |
| **Email:** |  |
| **Contact telephone number:** |  |
| **Preferred date (please tick)**   |  |  |  |  | | --- | --- | --- | --- | | **Tick** | **TASTER SESSION PROGRAMME Mindfulness Based Stress Reduction** | | | |  | **Date** | **Location** | **Time** | |  | 15th March | Queen Elizabeth University Hospital | 5:30pm-6:15pm | |  | 22nd March | Queen Elizabeth University Hospital | 1:15pm-2pm | |  | 22nd March | Queen Elizabeth University Hospital | 2pm-2:45pm | |  | 22nd March | Glasgow Royal Infirmary | 5:30pm-6:15pm | |  | 27th March | West Glasgow ACH | 12:15 - 1pm | |  | 27th March | West Glasgow ACH | 1pm - 1:45pm |   I would like to receive information on the 8 week Mindfulness course:  Yes  No | |
| **How did you hear about the session? (please tick)** | Line manager  HR  Union Rep  Occupational Health  Other Please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Please send your completed form to** [healthyworkinglives@ggc.scot.nhs.uk](mailto:healthyworkinglives@ggc.scot.nhs.uk) **and someone will confirm your place.**