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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 **and someone will confirm your place.**