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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)**

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| **Taster Session Programme** - Mindfulness Based Stress Reduction |
| **Tick** | **Course** | **Date** | **Location** | **Time** |
|  | **Taster session** | 19th Sept | Lecture Theatre, IRH  | 12:30-1:30 pm |
|  | **Taster session** | 26th Sept | Lecture Theatre, IRH | 1:00-2:00 pm |
| Please send me an application form for the full 8 week Mindfulness course Tuesdays 3rd October – 28th November 5:45-8:00 pm

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| **Yes** |  |  | **No** |  |

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| **How did you hear about the session?** Please tick |
| **Tick** | **Source** |
|  | Line manager |
|  | HR |
|  | Union Rep |
|  | Occupational Health |
|  | Other: Please specify |  |

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| **Please send your completed form to** healthyworkinglives@ggc.scot.nhs.uk **and someone will confirm your place.**

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