|  |  |
| --- | --- |
|  |  |
| Mindfulness Taster Sessions 2017 Registration Form

|  |  |
| --- | --- |
| **First Name:** |  |
| **Surname:** |  |
| **Job Title:** |  |
| **Department:** |  |
| **Site/Directorate/ HSCP:** |  |
| **Email:** |  |
| **Contact telephone number:** |  |

 |
|  **Preferred date (please tick)**

|  |
| --- |
| **Taster Session Programme** - Mindfulness Based Stress Reduction |
| **Tick** | **Course** | **Date** | **Location** | **Time** |
|  | **Stobhill Hospital** | 29th Nov | Seminar Room 6 | 12:30 - 13:30 |
|  | **Stobhill Hospital** | 4th Dec | Seminar Room 3 | 12:00 - 13:00 |
|  | **Stobhill Hospital** | 4th Dec | Seminar Room 3 | 13:30 – 14:30 |
| Please send me an application form for the full 8 week Mindfulness course: Please tick

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

 |

|  |
| --- |
| **How did you hear about the session?** Please tick |
| **Tick** | **Source** |
|  | 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.**

|  |  |
| --- | --- |
|  |  |

 |
|  |