|  |  |
| --- | --- |
|  |  |
| 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](mailto:healthyworkinglives@ggc.scot.nhs.uk) **and someone will confirm your place.**   |  |  | | --- | --- | |  |  | | |
|  | |