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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** | 11th Dec | Royal Alexandra Hospital – Lecture Theatre 2 | 12:30-13:30 |
|  | **Taster session** | 18th Dec | Royal Alexandra Hospital – Lecture Theatre 2 | 12:30-13:30 |
|  | **Taster session** | 24th Jan | New Victoria Hospital – ADM 2.16B | 12:30-13:30 |
|  | **Taster session** | 25th Jan | New Victoria Hospital – ADM 2.16B | 12:00-13:00 |
| Please send me an application form for the full 8 week Mindfulness course **RAH – Fridays from 12th Jan 18:00 – 20:15 for 8 consecutive weeks****Victoria – Wednesdays from 21st Feb 18:00 – 20:15 for 8 consecutive weeks**

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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 |  |

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

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