**ECO LIFE WELLNESS**

**BOOKING FORM**

*Mindfulness Group Courses or One to One 8-week Training*

**Please tell us some basic information**

|  |  |
| --- | --- |
| **COURSE TITLE** | **Mindfulness Living in a Frantic World &****Sustainable Wellness** |
|  |  |
| Start Date |  |
|  |  |
| **YOUR DETAILS** |  |
| First Name |  |
| Last Name |  |
|  |  |
| Age |  |
| Gender (M/F/O) |  |
|  |  |
| Email Address |  |
| Street Address |  |
| Town/City |  |
| County |  |
| Postcode |  |
|  |  |
| Mobile Phone |  |
| Home/Work Phone |  |

*Please provide contact details for whom we should contact in case of an emergency when attending the course:*

|  |  |
| --- | --- |
| Contact Name |  |
| Contact Number |  |

**Tell us something about you**

*To help us ensure this course meets your needs at the present time, please take a little time to answer the following questions:*

What has brought you to choose this course?

|  |
| --- |
|  |

To benefit fully from the training are you able to commit to practice mindfulness practices for at least 20 minutes per day (6 days per week) for the duration of the course (the basic requirement for integrating the newly learnt skills) and to attend all or most of the 8 weeks sessions?

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| --- |
|  |

If you are currently experiencing acute depression or any other acute mental health conditions, we advise not to join the course for now, as it will be difficult to follow it and to benefit fully from it. You can join the course later, when you are feeling better. If you are not sure if this applies to you, please let us know here.

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Do you have any particular needs that would be useful for us to know about for your own comfort during the sessions. (e.g. restricted physical mobility, hearing or visual impairment, hyper-sensitivity, etc…)?

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|  |

**Additional Comments**

*Please add any additional comments you would like to share with us, here:*

|  |
| --- |
|  |

**Following what you have told us, we may arrange a phone call with you to further discuss, to make sure this is the right course for you**

**Payment Information**

*Please select which rate you will be paying ….*

**Payment Options *(please tick/cross which)***

|  |  |
| --- | --- |
| Normal Priceup to 26 Jan |  |
| Sponsor Price |  |
| Organization Price |  |

*Please select whether you would prefer to pay the full amount, or a deposit (with the remaining balance at a later date). For deposit payments, the remaining balance is payable one week before the start of the course.*

**Payment Method *(please tick/cross which)*:**

|  |  |
| --- | --- |
| Full Fee |  |
| Deposit |  |
| Balance |  |
| By Instalments *(please email/phone to discuss)* |  |

**PAYMENT BY BANK TRANSFER:**

|  |  |
| --- | --- |
| Account Name | D Coronelli |
| Sort Code | 30-94-83 |
| Account Number | 02779456 |
| Reference | Your Name |

**Keeping in Touch**

*How did you hear about the 'EcoLifeWellness’ Courses and 1:1?*

*(Please tick / cross next to which)*

|  |  |  |  |
| --- | --- | --- | --- |
| Friend / Family / Colleague |  | Our website |  |
| Doctor / Hospital |  | Event |  |
| Online |  | Other |  |

***Tick the box below*** *if you would like to receive news from, including offers of 'EcoLifeWellness’ events and courses. We will never pass on your details to other organisations.*

|  |  |
| --- | --- |
| Newsletter Sign-Up |  |

After completing this **BOOKING FORM** (either manually or digitally), please either email it to EcoLW.info@gmail.com

or post it to **Eco Life Wellness**, at the following address:

13 Blacklers, Park Road, Dartington Hall, Totnes, Devon, TQ9 6EQ