

**Deepening into Stillness**

**24th – 29th April 2015**

**Confidential Registration Form**

We care for your wellbeing and safety when you are with us on retreats and as such we require you to complete this form before registration is confirmed.

This information is strictly confidential and is only viewed by the meditation teachers and the retreat manager.

Even if you have completed this form for a previous SIM retreat, we kindly ask you to do so again as SIM does not retain any personal data from retreatants.

**Personal details:**

|  |  |  |
| --- | --- | --- |
| **Name:** |  | **Gender:** |
| **Address:** |  | |
| **Email:** |  | |
| **Phone**: | Mobile: | Home: |

**Contacts in case of emergency during the retreat:**

|  |  |  |
| --- | --- | --- |
| **Name:** |  |  |
| **Relationship:** |  |  |
| **Phone contact:** |  | |

**Special requirements:**

|  |  |
| --- | --- |
| **Dietary:** |  |
| **Other needs:** |  |

**Transport:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Can you offer a lift from Sydney to venue?** | One way/ return: | No. of people: | From: |
| **Would you like a lift from Sydney to venue?** | One way/ return: | No. of people: | From: |

Note: Reasonable attempts will be made to meet special requirements & lift requests but cannot be guaranteed.

**Life situation and/or occupation:**

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| --- |
|  |

**Current meditation practice** (if any)**:**

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|  |

**Previous retreats attended:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Tradition** | **Teacher** | **Year** | **Length** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Current issues that may make meditation difficult for you at this time:**

|  |  |
| --- | --- |
| **Physical** |  |
| **Mental / Emotional** |  |
| **Spiritual** |  |

Many meditators are on a healing journey. On meditation retreats individuals may experience strong physical and psychological states. Please answer all the following questions so we can care for you appropriately.

|  |  |  |  |
| --- | --- | --- | --- |
| **Do you have any current or previous:** | Yes/No | Past | Current |
| Drug abuse or addiction issues (including alcohol) |  |  |  |
| Diagnosis or treatment of a mental illness (psychological or psychiatric) |  |  |  |
| Medical conditions that could require attention during the retreat, or would affect your participation on the retreat. |  |  |  |

|  |  |
| --- | --- |
| **If you answered “Yes” to any of the above please give further information about your conditions:** | Yes/No |
| Are your symptoms currently well controlled? |  |
| Do you currently drink alcohol/take drugs on a regular basis? |  |
| If so, have you ever had any problems abruptly stopping usage? |  |
| Do you currently use recreational drugs (e.g. marijuana, amphetamine, ecstasy? |  |
| If so, are you able to abstain from all recreational drugs during your retreat? |  |
| Any condition that might interfere with sitting and walking meditation? |  |
| Have you ever made a serious attempt at taking your life? |  |
| Do you have a history of emotional instability during intensive meditation retreats? |  |
| If Yes, How do you assess your current ability to work with emotional swings? | |

|  |
| --- |
| Do you have any additional information or comments you would like to convey to the teachers? |

By signing my name below, I confirm that all of the above information is correct to the best of my knowledge. I will inform the teachers/managers of any change in my circumstances.

**Name** (please print): **Signature:**

**Please email your registration form to:** [**abassal@facilitators.net**](mailto:abassal@facilitators.net)