

**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. This information is strictly confidential and is only viewed by the meditation teachers and the retreat manager for this event. If you have completed this form for a previous SIM retreat, we ask you to please do so again for this retreat.

# Retreat

|  |  |
| --- | --- |
| **Embodied Awakening with Lizzie Turnbull** | **Dates: 31 July to 5 Aug 2020** |

# Personal details:

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

# Contact in case of emergency during the retreat:

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

# Dietary requirements:The meals provided will comprise a range of vegetarian foods, with dairy free and gluten free options available to those who tick the box below. The kitchen regrets that they are unable to accommodate other food requests nor allow food to be brought onto the premises.

|  |  |  |
| --- | --- | --- |
| **Dietary:** |  Gluten Free [ ]  |  Dairy Free [ ]  |

# Transport: Can you offer a lift or would you like a lift?

|  |  |  |  |
| --- | --- | --- | --- |
|  | **One way/ return** | **Numb of people** | **From where** |
| **What lift can you OFFER?** |       |       |       |
| **What lift would you LIKE?** |       |       |       |

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

# Occupation and/or life situation:

|  |
| --- |
|       |

# Current meditation practice (if any):

|  |
| --- |
|       |

# Previous retreats attended:

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

# Current issues that may make sitting and/or walking meditation difficult for you at this time:

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

# To help us coordinate future SIM activities

|  |  |
| --- | --- |
| **How did you hear about this event** | [ ] Teacher [ ] Friend [ ] Website [ ]  Flyer [ ] Email [ ]  Newsletter[ ]  Sangha Other:       |
| **If you would like to be informed of upcoming SIM events, go to the SIM website and subscribe to our newsletter.** [**www.sydneyinsightmeditators.org**](http://www.sydneyinsightmeditators.org) |

# Care and Support

**Ma**ny 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:** | **No** | **Yes** | **If yes, Past?** | **If yes, 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. | [ ]  | [ ]  | [ ]  | [ ]  |
| Are you currently seeing a therapist?  | [ ]  | [ ]  |
| If so, are they aware you are attending this retreat?  | [ ]  | [ ]  |
| What is their phone number:       |

|  |  |  |
| --- | --- | --- |
| **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 on a regular basis? | [ ]  | [ ]  |
| If so, are you able to abstain from alcohol during the retreat? | [ ]  | [ ]  |
| 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? | [ ]  | [ ]  |
| 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 during the retreat?       |

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

By checking the box 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**       **Date**

Thank you for completing your registration.

**Please email your completed form to Renata at:** [rnatamalinau@hotmail.com](rnatamalinau%40hotmail.com)