

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

# Retreat

|  |  |
| --- | --- |
| **New Year Retreat with Jill Shepherd** | **Dates:** Friday 27 Dec 2019 to Sunday 5 Jan 2020 |

# Personal details:

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

# Contact in case of emergency during the retreat:

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

# Special requirements:

|  |  |  |
| --- | --- | --- |
| **Dietary:** | Gluten Free | Dairy Free |
| **Serious Allergies:** |  | |

Note: We provide a range of vegetarian food, with dairy and gluten free options available. Except for major life threatening allergies (e.g.: nuts), all other food issues/food supplements are the responsibility of retreatants.

# 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:

|  |
| --- |
|  |

# Please Describe your daily or weekly 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** |  |
|  |  |

# 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/)  **Would you like to be emailed about future events by Jill Shepherd? YES**  **NO** | |

# Care and Support

**Are you taking any medications that, in the event of an emergency, it would be helpful for medical staff to know about? If so, please list:**

|  |  |
| --- | --- |
| **Medication name** | **Condition** |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Are you currently seeing a therapist? |  |  |
| If so, are they aware you are attending this retreat? |  |  |
| Can we contact them in the unlikely event of an emergency? |  |  |
| If yes, please provide their name and phone number: | | |

|  |
| --- |
| **Are there any medical or psychological conditions that are important for us to know about, so we can help support your practice during this retreat? Yes**  **No**  *If yes, please provide a brief summary here or email to the teacher, Jill Shepherd jill0shepherd@gmail.com and if necessary, she will contact you to discuss.* |

By checking the box below, I confirm that all of the above information is correct to the best of my knowledge and have read and understood the [Retreat Cancellation Policy.](https://www.sydneyinsightmeditators.org/event-terms-and-conditions.html)

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**       **at:**