

**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

|  |  |
| --- | --- |
| **Releasing & Renewing: Strengthening the Two Wings to Awakening** | **Dates:**  28th December 2017 to 4th January 2018 |

# 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 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:

|  |
| --- |
|  |

# Current meditation practice (if any):

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| --- |
|  |

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

# Care and Support

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:** | **Tick if Yes** | **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. |  |  |  |
| Are you currently seeing a therapist? |  |
| *If so…*Are they aware you are attending this retreat? |  |
| What is their name and telephone 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? | | |

|  |
| --- |
| 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** **Sylvie Vanasse at:** **parlure@gmail.com**