

RETREAT QUESTIONNAIRE (part 1)

Full name:

Date of birth (day/month/year):

Name by which you prefer to be called:

Where were you born?

Email address:

What work do you do?

What is your position at work?

Are you married?

How many times have you been married?

How many times have you been divorced?

Have you always been single?

If you are not married, are you in a relationship at the moment?

If you are married or in a relationship how would you describe it?

If not in a relationship at this time, would you like to be?

In specific terms how would you describe your life at this moment?

If you are happy with your life right now, why do you feel the need to attend this course?

If you are unhappy with your life right now, what are you hoping to achieve by attending this course?

RETREAT QUESTIONNAIRE (part 2)

Have you attended any other workshops or courses?

If yes, did you benefit from these, and if so, how did you experience these benefits?

What do you believe this course can do for you?

Of what benefit will it be to the group to have you attend this course?

Have you ever been under, or are you presently under therapy, or had any other kind of psychological or psychiatric treatment or electro-convulsive or shock treatment? Please give details and dates.

Have you used, or are you now using any prescribed or non-prescribed drugs or any hallucinogens? Please give details.

Is there anything further about which you feel we need to be aware of?

Have you practised any other meditation techniques since your last retreat?

Have you attended any other retreats in your life?

Have you practised therapies or healing techniques?

Do you have any physical health problems, medical conditions, diseases or a hearing/visual impairment?

RETREAT QUESTIONNAIRE (part 3)

Do you have, or have you ever had, any mental health problems (e.g. depression, anxiety, panic attacks, eating disorder, bipolar disorder, post traumatic stress disorder, schizophrenia, psychotic episode, etc.)?

Are you now taking, or have you taken within the past two years, any prescribed medication?

Are you now taking, or have you taken within the past two years, any alcohol or other mind-altering substances (such as: cannabis, amphetamines, cocaine, heroin, ayahuasca, LSD, etc.)?

Will a friend or family member be attending this course?

Is there anything you wish to add?

I am aware that the provided information will be used as mentioned in the privacy notification. I have chosen to provide my personal information and agree to the processing of this information in order to follow a course, take organisational measures and assess my capacity to follow a course.

I am also aware that I may provide information that relates to my mental and physical health, my beliefs or other sensitive data. I have taken notice of the privacy information and agree to the processing of this personal information.

I have noted that the full fee is to be paid prior to the commencement of the course, the 50% deposit being non-refundable. If for any reason, other than death or medical disability, in which case a doctor's certificate will be required, I should cancel my attendance of the course, I understand that the entire fee is non-refundable. _____.

Signed

Dated