



**SHAN YOU COUNSELLING CENTRE (SYCC)
MINDFULNESS-BASED COGNITIVE THERAPY (MBCT)
5-DAY PROGRAMME**

REGISTRATION FORM

Please complete both the Registration Form and the Pre-Programme Questionnaire and email them back to info@shanyou.org.sg. An acknowledgement email will be sent to you upon receiving your completed form and questionnaire. More details about the programme including payment will be provided to you subsequently. Please note that your place is secured only upon full payment.

Full Name
(To be printed on the Certificate of Attendance):

Billing Address:
..... Singapore (.....)

Email:

Contact (Work/Mobile):

NRIC No.:

Date of Birth:

Occupation/ Organization:

Gender: Male Female

Dietary Preference: Normal Halal Vegetarian

Registering for: 5 – 9 December 2017 **Fee: S\$850**

How did you come to know about our programme?

In case of emergency, please list the name and contact number(s) of a local friend or relative whom you give us permission to notify:

Name: **Relationship:**

Contact Number: (Home / Work) **(Mobile)**

Upon registration, we may arrange for you to have a phone call/one-to-one session with the teacher of the programme. This is an opportunity to explore suitability of this programme for your needs at this time and for you to raise any particular areas of challenge or questions you may have about the programme.

- I agree to be contacted by phone/email for the above arrangements and other programme-related matters.
- I would like to receive emails and other notifications from SYCC on announcements and/or information pertaining to SYCC programmes, activities, fundraising, volunteer and donor communications.
- I would like to receive future emails and other notifications from SYCC on information about professional training courses, workshops and events.

Signature **Date**



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PRE-PROGRAMME QUESTIONNAIRE

Please note that this programme is not being offered as an acute treatment, thus is not suitable for people who are currently experiencing very severe problems. The aim of this programme is to promote awareness of your mind and body through the cultivation of mindful awareness. This in turn has been scientifically shown to lead to enhanced physical and psychological wellbeing. Kindly complete this Pre-Programme Questionnaire to provide us with information, so that we can ensure that the programme is suitable for you at this time. All information provided will be kept strictly confidential.

Physical condition

Do you have any limitation on your physical mobility that might make sitting, standing, walking or gentle yoga difficult for you? Yes No

If yes, please describe as fully as possible.

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State of Mind

Are there any present circumstances which might be placing you under additional stress or make meditation difficult for you, such as depression, anxiety, psychotic illness, drug and/or alcohol dependency issues, stressful life changes (e.g., bereavement, loss of home, job etc.)? Yes No

If yes, please describe as fully as possible.

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Psychological Therapy

Are you currently receiving any psychological therapy? Yes No

If yes, please describe previous and current types of treatment.

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Medication

Are you currently taking medication for any physical or psychological conditions? Yes No

If yes, please specify condition and medication.

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Your reasons for wanting to attend the programme

Why do you want to attend the programme (e.g., physical health, mental health, stress, self-development etc.)?
What do you hope to gain?

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I undertake to be responsible for my own wellbeing during the MBCT 5-Day Programme.

Name Signature Date