

LIFE-CHANGING BREATHWORK

2 Day Experiential Workshop and/or Part I Training

PART 1 - REGISTRATION QUESTIONNAIRE

Name: _____ Male/Female: _____ D.O.B: _____

- (1) (Do you smoke ?)
- (2) Do you have any special dietary requirements ? (Please specify)
- (3) Do you have any special needs for a physical challenge? Information for venue/accommodation purposes. (Please specify)
- (4) Are you currently suffering from any significant illnesses ?

This information gives the Trainer some background on each applicant.
All information given is strictly confidential. If you have any questions about completing this form, please contact Jackie Turner Tele: 0121 550 4234.
Email: Jackie at Positively.Me@BTOpenworld.com

LOOKING FORWARD TO 2 DAYS OF GROWTH AND FUN



Please complete the following:

How did you hear about this training ?

Advertisement. If yes, name of publication:	Positively Me website ?
Recommendation:	Other:

Please return your completed Booking Form and Questionnaire to:

Jackie Turner
Positively Me Training
24 The Crescent, Old Hill, Cradley Heath, West Midlands B64 7JR
Telephone: 0121 550 4234
Email: Positively.Me@BTOpenworld.com Web: Positivelyme.co.uk



- (9) Are you currently undertaking any counselling type therapy or have you done so during the last few years. (If yes – please explain):
- (10) Are you currently taking any prescribed medication? If so, please specify.
- (11) Give an indication of the type of work/career you have undertaken in the last 20 years.
- (12) Any other information you would like to share:

Please continue on another sheet if you need to.

