

*October 2023 – October 2024*

REGISTRATION FORM FOR

Mindfulness Teachers Training Course

PLEASE COMPLETE FORM.

YOU CAN COPY (**CTRL C** ON KEYBOARD) AND SEND AS DIRECT EMAIL TO: **MTTCglobal@gmail.com**

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE \_\_\_\_\_\_\_\_\_\_\_\_\_ AGE\_\_\_\_\_ GENDER\_\_\_\_\_\_\_

OCCUPATION (PLEASE WRITE AROUND 40 TO 100 WORDS SUMMARY OF YOUR WORK/STUDIES/COMMITMENTS/TRAINING/SERVICE.

­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­

­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­

­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­

PLEASE WRITE YOUR INTENTIONS AND REASONS FOR JOINING THE MTTC (From 50 – MAXIMUM 100 WORDS)

PLEASE WRITE ANY PRIOR EXPERIENCE WITH MINDFULNESS. PLEASE STATE BRIEFLY WHERE AND WHEN.

RETREATS

COURSES

CLASSES

YOGA

TAI CHI

THE ARTS

MONASTERIES

PILGRIMAGES, alone or with others

WELLBEING PROGRAMMES

MIND-BODY TRAINING

NATURE

OTHER

DO YOU HAVE ANY PRIMARY AREAS OF INTEREST TO TEACH MINDFULNESS?

FOR EXAMPLE

ANIMALS

CHARITIES

CHILDREN

EDUCATION

ELDERLY

HOSPITALS

INSITUTIONS

OFFICES

OUTDOORS

PEOPLE OF FAITH

PRISONS

WEEKLY CLASSES OR COURSES

WELLBEING CENTRES

OTHER.

PLEASE WRITE ANY AREAS OF INTEREST AND APPLICATION OF MINDFULNESS IN THESE AREAS.

CAN YOUR CURRENT EDUCATION, TRAINING, SKILLS, WORK EXPERIENCE SUPPORT YOUR ROLE AS A MINDFULNESS TEACHER/

ARE YOU TAKING ANY MEDICATION FOR PHYSICAL OR MENTAL HEALTH ISSUES WHICH IMPACTS UPON YOUR CAPACITY FOR MINDFULNESS?

MAIN LANGUAGE SPOKEN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_IS ENGLISH UNDERSTOOD?\_\_\_\_\_\_\_\_\_

WHO TO CONTACT IN CASE OF EMERGENCY. PARENT, SON, DAUGHTER, PARTNER, FRIEND? (TYPE NAME AND PHONE NUMBER).

PLEASE LET US KNOW HOW YOU FOUND OUT ABOUT THIS COURSE?

Word of Mouth/Website/Facebook/Email/Retreat Centre/Flyer?

I AGREE TO TAKE FULL RESPONSIBILITY FOR MYSELF DURING THE MTTC. I AGREE TO OBSERVE THE GUIDELINES AND INSTRUCTIONS THROUGHOUT THE DURATION OF THE COURSE.THE COURSE OFFERS A NUTRITIOUS VEGETARIAN DIET. WE ARE UNABLE TO OFFER SPECIAL DIETS FOR INDIVIDUALS.

PLEASE ADD ANY FURTHER USEFUL INFORMATION FOR THE TEACHERS.

THANK YOU EMAILING YOUR REGISTRATION FORM

THANK YOU,

CHRISTOPHER TITMUSS

NSHORNA DAVIS