**MBCT-L Participant Contact details form**

**Please indicate which course you are expressing an interest for and complete the form below** (you can tick both)**:**

**Mindfulness Based Cognitive Therapy for Life course**

* **If you have selected the Staff MBCTL group, please choose from the following date options:**
  + MBCT-L 27th October to 15th December 2023, every Friday from 12-2pm.

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| --- | --- | --- | --- |
| Title: |  | | |
| Name: |  | | |
| Pronoun: |  | | |
| Role and department: |  | | |
| Home address: |  | | |
| Home Number: |  | May we leave a voicemail message? | Y / N |
| Mobile Number: |  | May we leave a voicemail message? | Y / N |
| Email Address: |  | | |
| Emergency Contact:  (Please provide name and phone number of someone we could contact in the rare event of an emergency) |  | | |
| NB: We will only contact your GP if there is a clinical need to, they will not be contacted otherwise. | | | |
| GP Name: |  | | |
| GP Surgery: |  | | |
| GP Address: |  | | |
| Further Information |  | | |
| Briefly let us know why you would like to attend this course. |  | | |
| Please provide any relevant background information relating to your mental health that you feel would be helpful for us to know. |  | | |
| Do you have any access or communication needs? If yes, please give details: |  | | |

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| What happens next: |
| We will get in contact with you to arrange a short pre-course call or zoom meeting (approx. 30-40 minutes) to check that the course will be helpful to you at this time. |

*As we are an NHS Service we are required to collect these details for our records. We will not share this information with anyone else nor will be contact your GP unless there is a clinical need to do so. I confirm that I understand I am receiving treatment from an NHS service and the details above will be kept for NHS record purposes.*

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

**Please return this form to** mdcadmin@exeter.ac.uk