



HEAL FOR LIFE
FOUNDATION

ADULT PROGRAMME REGISTRATION FORM

Registration Form: it's important that this is filled in by the guest attending.
(THIS INFORMATION IS CONFIDENTIAL UNLESS DUTY OF CARE REQUIRES DISCLOSURE)

Date of the Programme you wish to attend:

Dates: 2017 programmes: 30th April – 5th May : 23rd July – 28th July : 10th September – 15th September

Please do not make any work or travel arrangements prior to receiving confirmation from us

First Name Surname M or F

Address

Town County Post code

Phone - Home Mobile Work

Email address

Your Age Any children? Y or N If yes what ages?

Current Employment (You can circle more than one)

Full Time Part Time / Casual Student
Retired On Benefits Other

Is this your first healing programme with Heal For Life? Y or N
If no, was your programme more than 3 months ago? Y or N

How did you find out about Heal For Life Foundation?
Organisation/service (name)

Family/Friends Web search Leaflet/ Brochure Seminar

How will you be arriving to attend your programme?
 Private transport: Car Public transport: Station

The Retreat venue is near **Basingstoke, Hampshire** – once you have been accepted onto the programme we will send you full directions and discuss your travel arrangements

Who do you wish to nominate as your EMERGENCY CONTACT PERSON?
This person will be contacted if you need to leave before the end of the programme or in a health emergency.

Name Relationship to you

Phone - Home Phone - Mobile Phone - Work

Have you had a drug, alcohol, or other addiction? Y or N

If YES Alcohol Illicit Drugs Non-prescription medication Other

You need to be free of your addiction for at least one month before the healing week, in order not to suffer withdrawal symptoms – as these would affect your ability to heal. If you have these symptoms during the week you will be asked to leave the programme.

MEDICAL DETAILS

This information will be kept confidential and treated with respect for your privacy

Do you take any medication? Y or N If yes please list medications

Do you have any allergies ? Y or N If yes please list

If you feel it would be helpful for us to know, please note any physical impairments, medical conditions, mental illness or eating disorders you have been diagnosed with:

e.g. asthma, diabetes, high blood pressure, epilepsy, bipolar disorder, schizophrenia, DID, PTSD etc

Do you have any phobias/fears that you feel it would be useful for us to know about?

To enable us to help you better you may wish to let us know the type of trauma you are a survivor of:

- | | | | | |
|--|--|---|---|----------------------------------|
| <input type="checkbox"/> Physical | <input type="checkbox"/> Emotional | <input type="checkbox"/> Sexual | <input type="checkbox"/> Spiritual | <input type="checkbox"/> Neglect |
| <input type="checkbox"/> SRA | <input type="checkbox"/> Poor Parenting | <input type="checkbox"/> Bullying | <input type="checkbox"/> Abandonment | <input type="checkbox"/> Incest |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Early Childhood Illness | | <input type="checkbox"/> Divorce, Death of a parent/sibling | |
| <input type="checkbox"/> Other | <input type="text"/> | e.g. war, refugee, natural disasters, medical emergency | | |

Do you have any particular dietary needs

Has a member of your family done a healing week before? Y or N

Is there anything about your current circumstances that might be useful or helpful for us to know about?

Please note down what your goals might be for the week, eg what would you like to change about yourself or your life by attending the programme?

Key Safety Principles Please tick and sign below to indicate you have read, understood and agree

- I agree to keep confidential anything I hear about other people during the programme
- I agree not to bring illicit drugs or any alcohol to the programme
- I understand that if I leave the property during the programme for any reason I cannot return
- I am committed to my healing and will avoid distractions such as TVs, newspapers, radio, magazines, games, cards, novels, laptops and tablets
- I understand that I will not be able to keep or use my mobile phone during the week
- I understand that if I self-harm I will be asked to leave
- I understand that if I behave in an unsafe manner to other guests I may be asked to leave

I agree to comply with the key safety principles above; I have read and understand all the information in relation to the healing programme.

Signature:

Date:

Your healing programme will be confirmed once we have received your registration and payment. PLEASE do not make any travel or work arrangements until you have had a letter or email confirmation from us.

FEE INFORMATION

The following fee covers 5 nights' accommodation and all workshops during the programme, we wish to keep our programme as affordable as possible, we trust you will opt to pay the fee that best meets your financial situation.

To secure a place we ask for a minimum £50 deposit (refundable up to four weeks before the programme)

Please select one of the following:

- Option 1 Full upfront payment £400**
- Option 2 Initial Payment £100 plus 3 monthly payments of £100 (total £400)**

Sponsored places – A deposit of £50 will secure your place, however, on each programme we have a limited number of sponsored places which can cover part of the £400 fee – we ask you to contribute as much as you are able to afford. If this would better fit your financial circumstances please contact the Office.

- Option 3 I am able to pay £ but request sponsorship for the balance of the £400**

If you would like to pay by cheque or money order (payable to Heal For Life Foundation UK) please forward to: Admin Office. Heal For Life UK, Cumberland Court, Church Street, Wye, TN25 5BJ

We can take payments by Electronic Credit Transfer, please ask the office for details

We do not currently have facilities for payment by Credit/Debit card but will do so shortly – please ask the Office if this facility is in place.

Remember to put your contact details on the envelope if you are sending a cheque separately to your registration form