**RETREAT**

Wicklow Mountains of Ireland, 2020 **APPLICATION**

This retreat has been organized in compassionate support of your total well-being.

We encourage retreatants to value this opportunity and so subject to health/disability requirements we ask everyone to commit to participating as fully as possible in the schedule of the retreat and to stay for the whole duration.

**About this application form:**

• The following information is strictly for the confidential use of Retreat Facilitators

• Please answer these questions fully to enable the Facilitators to guide your retreat appropriately.

• Disclosure of any physical/psychological history will not necessarily prevent you from undertaking a retreat. However, your honesty is important as any failure to provide accurate answers in this application to the forthcoming questions could result in dismissal from or at the Retreat.

• In compliance with new European GDPR regulations, this form will be destroyed at the end of your retreat.

**GENERAL DETAILS**

|  |  |  |
| --- | --- | --- |
| Name | | Gender |
| Date, time & Place of Birth (for astrology/soul truth map) | | |
| Address | | |
| Phone number | Emergency contacts (please give name and telephone number) | |
| Email address | | |

**FULL BOARD RESIDENTIAL ACCOMMODATION**

Do you have any special needs that we should be aware of, for example: allergies or medical conditions?

Our Retreat offers vegetarian meals as standard and can also provide for vegans.   
Please state if you are vegan or if you have any medical dietary requirements (which we will try to accommodate).

**YOUR PHYSICAL & PSYCHOLOGICAL HISTORY:**

Do you have any history of physical illness or any disabilities, which may significantly affect your participation or sitting, standing or walking?

Have you experienced - or been diagnosed with - any significant mental health issues e.g. disorders, depression, eating disorders, anxiety, drug/alcohol abuse in the last three years?

Are you taking any medication for any physical or psychological condition?

Are you are involved with mental health services and have a Community Psychiatric Nurse, Psychiatrist or Support Worker?

Describe any present circumstances which might be placing you under additional stress or may significantly affect your experience on the retreat (e.g. bereavement, redundancy, relationship breakdown etc.)

Do you have health insurance and if so can you list that here please?

**OTHER DETAILS**

Are you are attending the retreat with a friend or family member?  
If yes, please give their name. (NOTE: each person needs to submit their own application.)

How did you hear about the Retreat?

Why are you interested in attending this Retreat?

Have you attended a Retreat before and if so can you list your most recent one(s)?

Please describe a little about your former retreat experiences:

Please indicate any other meditation, yoga, movement, or healing practices you have been involved with:

Is there any additional information you would like to convey to the Facilitators?

How would you like to be communicated with: Text or Email?

I have read and understood the above (please sign) Signed and date