

Confidential
Mindfulness-Based Stress Reduction Application Form

Please mail this completed application with a \$250 deposit to:

Sangwon Kim
381 Bayside Road
Arcata, CA 95521

Direct inquires to sangwonkim.phd@gmail.com.

Dear Prospective Participant,

By filling in this form, you will enable me to maximize my effectiveness as your instructor. Please answer all questions. The information you provide will be confidential and reviewed only by me. I hope the experience of this program will be a beneficial one. On receiving the application, I will contact you to set up an interview.

Name: _____

Gender: Male Female Non-binary

Date of Birth: _____ (MM/DD/YEAR)

Age: _____

Occupation/Work status: _____

Email: _____

Phone #: _____

Address: _____

Name of contact person and phone # in the case of an emergency:

Single/Partnership/Married/Divorced/Widowed:

Are you currently under medical treatment or supervision for physical conditions or illness?

Yes No

If yes, please describe:

Are you currently in treatment with a therapist or psychiatrist? Yes No

If yes, please describe:

Are you currently taking any prescription medications for physical or psychological conditions? Yes No

If yes, please list each medication and daily dosage, as well as the condition it is being used to treat.

Quality of sleep/How many hours:

What kind of exercise do you manage to do each week? How many times a week?

Caffeinated drinks per day: _____

Alcohol use/dose & frequency:

Recreational drug use/dose & frequency:

Cigarette smoking/dose & frequency:

History of substance abuse, if relevant:

Do you have thoughts of ending your life? Yes No

What do you care about most?

1) _____

2) _____

3) _____

What gives you the most pleasure in your life?

1) _____

2) _____

3) _____

What are your greatest anxieties?

1) _____

2) _____

3) _____

Have you heard or experienced mindfulness meditation? What do you think mindfulness meditation is?

What do you hope to gain from MBSR?

Is there anything else that you might want me to know about you?

Thank you for completing this form!

Payment, Cancellation, and Refund Policy

1. Make a payment of \$250 by check to complete your application.
2. If you withdraw your application 30 days prior to the starting date, a refund check will be mailed with a \$25 processing fee deducted. After this 30-day mark, an 80% refund will apply. If you withdraw after the first session, an 80% refund will be made. After the second session, there will be no refund.
3. If it is determined that you are not admitted to the program, a refund check will be mailed with a \$25 processing fee deducted.
4. If the class gets cancelled, a full refund will be made.

"I read and understood the above statements."

Signature

Date (mm/dd/year)

Acknowledgement

MBSR is an empirically supported, educational, and experiential training. MBSR is not intended to replace medical or psychological treatment.

It is taught in a group format. Attending an eight week MBSR course requires a commitment to attend all eight classes, including a retreat in the sixth week. In addition, participants are assigned home practice requiring up to an hour of practice each day between the weekly classes. It is recognized that the mindfulness practices may at times make participants feel vulnerable.

I understand that it is my responsibility to let the MBSR teacher know of my concerns, and when necessary seek appropriate treatment. I assume all risk for any physical or mental consequences of participating in this MBSR program. My MBSR teacher may advise me to seek medical and psychological treatment as a part of continuing in the MBSR program, or even require me to discontinue with the MBSR course.

"I read and understood the above statements."

Signature

Date (mm/dd/year)

Consent for Recording Form

This is to verify that you have agreed to allow the teacher to record the Mindfulness-Based Stress Reduction sessions. The recording will be stored securely on a computer. The purpose of recording is to ensure the integrity of the program and will be reviewed only by the teacher. This is completely voluntary and up to you.

"I have read the above description and give my consent for recording as indicated above."

Signature

Date (mm/dd/year)

Consent for Information Sharing Form

This is to verify that you have agreed to allow the teacher to share your situation with other members of the group if you end up dropping out of the class or miss a class. The purpose is to appropriately inform other members who may get concerned about you. The teacher will ensure to disclose the minimum necessary information. This is completely voluntary and up to you.

"I have read the above description and give my consent for information sharing as indicated above."

Signature

Date (mm/dd/year)