

MSC Background Information Form

Please provide the following background information to help your teachers(s) assess if MSC will be helpful to you at this time and to support you during the program. This information will only be read by the course instructors. If you feel uncomfortable answering any questions, please note that on the form and we can have a private conversation before the program begins. Leaving a question blank will have no impact on inclusion in the program. Thank you.

Program dates: _____

Name and Address: _____

Occupation: _____

Date of Birth: _____

How do you self-identify your gender? _____

Will you be attending the program with a significant other (spouse, relative, friend)?
If so, please list the name/names:

Why are you interested in participating in MSC at this time? Please be advised that MSC is primarily designed for personal growth and development.

Do you have a regular practice of meditation? If so, what type and how many years have you been practicing? It's not necessary to have any experience of meditation prior to this program.

Do you have any meditation retreat experience?

Do you have any physical illness or limitation that may impact your participation in the program? Yes No If yes, please describe.

Are there any stressful life circumstances that might make this program difficult for you at this time? (e.g., recent loss of a loved one, job loss/change, substance use, fasting)

Are you currently seeing a therapist or counselor? Yes No

If so, is your counselor aware you are attending this program? Yes No

In the unlikely event of a psychological emergency, may we contact your counselor? Yes No If so, please provide contact information.

Are you currently taking psychoactive medication, or any medication that may affect how you feel during MSC? Yes No If so, please provide details.

Is there anything else that might be helpful for the instructors to know at this time?

I understand that my participation in this program is entirely voluntary and I am free to withdraw at any time without penalty or prejudice, except for the non-refundable course fee. At the present time, I am planning to participate in the entire course (including the 4 hour retreat), and to practice mindful self-compassion at least 30 minutes/day formally or informally. I also understand that I am responsible for my personal safety and wellbeing and will practice self-care throughout the program.

Signature: _____

Name (please print): _____

Date: _____