



**HEAL FOR LIFE**  
FOUNDATION

# REGISTRATION FORM

Registration Form: It is important that this is filled in by the guest attending.

(THIS INFORMATION IS CONFIDENTIAL UNLESS DUTY OF CARE REQUIRES DISCLOSURE)

**2019 programme dates: 19th May - 24th May: 21st - 26th July: 8th -13th Sept**

Dates of the Programme you wish to attend:

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

Email address

Your Age

Any children? Y or N If yes what ages?

**Current Employment** (You can circle more than one)

Full Time  
Retired

Part Time / Casual  
On Benefits

Student  
Other

**Is this your first healing programme with Heal For Life? Y or N**  
**If no, was your programme more than a year 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

Public transport: Station (The nearest station is Southminster)

Once you have been accepted onto the programme we will send you confirmation.

**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. Please ensure that your contact person knows that you have given their details to us

Name

Relationship to you

Phone - Home

Phone - Mobile

Phone - Work

Have you ever 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 a year before the healing week.

**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 physical or mental conditions that we need to know about.

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

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

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?

**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 may be asked to leave
- I understand that if I behave in an unsafe manner to other guests I will 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 deposit payment. PLEASE do not make any travel or work arrangements until you have had a letter or email confirmation from us.**

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#### **FEE INFORMATION**

The following fee covers 5 nights' accommodation, food and all workshops during the programme.

**To secure a place we ask for a minimum £100 deposit (refundable up to six weeks before the start of the programme)**

Please select one of the following:

- Option 1**      **Full upfront payment**      **£500**
- Option 2**      **Initial Payment £100 plus 4 monthly payments of £100 (total £500)**

On each week we have a limited number of sponsored places available but we do require you to pay the deposit of £100 yourself, up to £400 can be made available from our Bursary Fund. However, as we have a **limited** number of sponsored places, **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.

If you would like to pay by cheque or money order (payable to Heal For Life UK) please forward to: Admin Office, Heal For Life UK, Cumberland Court, Church Street, Wye, TN25 5BJ Remember to put your contact details in the envelope if you are sending a cheque separately to your registration form

We can receive payments by Electronic Credit Transfer (BACS), please ask the Office for details

We do not currently have facilities for payment by Credit/Debit card.