

# The **BodyMind** Programme

## Assessment Form

**Name**

**Date**

**Name you wish to be called if different**

**Address**

**Post code**

**Tel home**

**Tel work or mobile**

**Email**

### **Are you sure you're ready**

Before completing the assessment form, please read through it first as it will help you decide if you are ready to get the most benefit from the *BodyMind* programme. If you don't feel ready now, we suggest you look at the form again in a month's time and see how differently you feel after thinking about it.

The programme we offer is a **training** programme, not a treatment or therapy. We take full responsibility for teaching and coaching to the best of our ability but then you will have to consistently apply the techniques yourself to get good results.

We recommend that you talk to others who have trained with us before participating on this on-going programme. Does it sound like something that appeals to you, does it make sense to you and can you commit yourself to it fully? Please get in touch if you'd like to speak with previous clients, or talk through any questions you have about it.

### **What we expect from you**

That you are ready and committed to do the work required to achieve your goals.

### **What you can expect from us**

We are completely committed to your success.

We will give you honest feedback which is an essential part of achieving success.

We will help you change anything that prevents you getting the success you deserve.

## **About you**

Male or Female

Age

Date of birth

Current/previous occupation

What is your doctor's diagnosis?

List any medication that you are on

Please describe your problem or illness

(i.e. How and when did it start, what are the symptoms, what effect does it have on your life?)

Do you have any other separate illness or issue, if so describe here?

Have you spoken to someone who has done our programme? YES / NO

What do you hope to get from doing the training?

Do you need wheelchair access to the training venue? YES / NO

## Your future

When you have discovered how to get well, what do you want to do?

(Think about realistic, 'normal' achievable things that you want to do or experience)

1

2

3

4

5

6

7

8

9

10

## Are you ready to be well?

Do you agree with the following statements, on a scale of 1-5, where 5 is "I totally agree";

I want to be well (circle the number) 1 2 3 4 5

With appropriate training, I can learn how to be well 1 2 3 4 5

It is possible for me to be well 1 2 3 4 5

Now is an appropriate time in my life to be well 1 2 3 4 5

I am willing to do the work necessary to make positive changes to my health 1 2 3 4 5

I am willing to change negative habits and thoughts 1 2 3 4 5

Once I know how, I am then responsible for my health 1 2 3 4 5

I deserve to be well 1 2 3 4 5

**To get the most benefit from the training, what do you need to do, or be?**

1.

2.

3.

**Are you analytical?** We know it is valid in some situations to analyse and question, but what we have found is that those who spend time analysing what they are learning INSTEAD of applying the techniques, hinder their own progress. You need to have done your research and questioning before the training so that you can get the most from it. If you need to know more about this please tick here so we can discuss it further.

**Do you think ALL your symptoms can be cleared by using the techniques?** In our experience and that of our clients, a vast array of physical and mind based symptoms can be cleared by addressing the underlying cause. So please do the research on our website and/or talk to people who have trained with us, to assure yourself of your own potential for success. If you would like to discuss this further please tick here.

We teach the programme in small groups which is of greater benefit. If you would like to discuss this further please tick here.

Are you in receipt of benefits or health insurance? (we just need to discuss how to deal with this as you recover)

YES / NO

**Training Agreement**

You should only sign this assessment form if you agree to these following statements and conditions.

"I understand that the *BodyMind* programme is a training programme. I understand that attending the training programme in itself does not guarantee me good results, because I alone am responsible for applying or not applying the learning and techniques. I recognise that the mind and body can powerfully influence each other. I am prepared to look at and challenge my beliefs about my condition or illness. I am totally prepared to do the work necessary to get myself well.

During the training and thereafter I will be available for coaching to achieve success, be open to feedback and change anything that I am told could hinder my success."

**Fee, Booking and Payment details**

The fee is £1,400. When we have received your assessment form, we will phone you to discuss it. When you are accepted onto the programme we will confirm a training date with you and you then have three choices for payment. You can either make a payment direct into our bank account (our preferred option), send a cheque, or you can use PayPal. There is an additional 3.4% charge for this but it enables you to spread the cost on your credit card. Some international payments may incur additional charges. Please DO NOT pay until your booking has been confirmed and we send a payment request.

**Cancellation**

Fees cannot be refunded in the event of a last minute cancellation on your part, or a failure to complete the training. This is because we run small group trainings with limited spaces. However, should you give sufficient notice that allows us to fill your place, your fees will be refunded.

On very rare occasions unforeseen circumstances may make it necessary for us to cancel a course and accordingly we reserve the right to cancel a training course where appropriate. In such circumstances you will be given as much notice as possible and we will either refund your fee or, if you request, agree an alternative date with you.

We reserve the right to terminate your training if we feel your continued participation would be unhealthy or unhelpful for you or another member of the training group. Your fees will not be refunded in these circumstances.

**Confidentiality**

The *BodyMind* Programme is a training programme, not a therapy, and there is no requirement for you to share personal information with other members of the group, but some people may choose to do so. Do you agree to maintain confidentiality with regard to personal information shared by others during the training?

Yes / No

**Ownership**

All documents you receive as part of the *BodyMind* programme constitute an intellectual property and are not to be reproduced, sold or distributed in any way.

**Agreement**

If you understand all the statements and conditions on this form and agree to adhere to them, please sign below.

Full Name

Signature

Date

**This must be completed if you are under 18 years of age.**

If you are under 18 please ask your parent or guardian to read through the form and if they also agree to the terms and conditions, ask them to sign it.

Full Name

Signature

Relationship to applicant

Date

Address and phone no. if different

**Posting your form**

Please ensure you put the correct value stamps on the envelope. A large or thick envelope may well require more postage than normal. If you do not put the correct amount on, it will significantly delay us receiving your form or we may not receive it at all. Then send to;

**Mr S. Fawdry, The BodyMind Programme, Llwynglas Barn, Saron, Llandysul, SA44 5EH.**

It may take up to a week to process your form. We will phone or email you to make an appointment to talk it through. If you want to know if your assessment form has arrived safely, please phone to check.

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**How did you hear about us? Please tick**

Friend	Advert
Relative	Article
Doctor	Radio
Paediatrician	Google search
ME Service	Google Advert
Facebook	

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**Thanks for the time you have spent supplying all this information.**

The BodyMind Programme

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