Mindful Self-Compassion – Short Course
Offered by Jean Leonard, Ph.D., LLC
PARTICIPANT INFORMATION FORM

Please note: This information will only be read by the course instructor. If you feel uncomfortable answering any questions, please note that on the form and we can have a private conversation before the program begins. Thank you.

Full Name: _____ Date: _____ Age: _____

Current Address (include zip):_____

Telephone: Home: _____ Is it okay to leave a message at this number? ___Yes ___ No

Cell: _____Is it okay to leave a message at this number? ___Yes ___ No

E-Mail Address: _____

E-Mail: Is it okay to contact you by email? ____ Yes ____ No (The teacher will send a weekly e-mail to support your practice between sessions.)

Is there anything about how you identify that you would like me to know about you? (e.g. related to ethnicity, race, culture, gender identity, sexual orientation, ability, age, class, relationship or parenting status, or other dimension.) If nothing, please mark N/A _____

_____

This virtual Mindful Self-Compassion-Short Course (SC-MSC) is an educational format in a group setting, not group therapy. These classes can be beneficial for many individuals with a wide variety of concerns. However, certain factors can interfere with a participant's success. Please consider an individual interview with the class instructor if any of the following factors are concerns for you: anger, severe depression, suicidal thoughts, a serious psychological or medical condition, previous psychiatric hospitalization, and/or excessive use of alcohol and/or recreational drugs.

1. Please share anything you would like me to know about why you are interested in participating in this class?

2. 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.)

3. Describe any present conditions in your life which might be placing you under additional stress and might affect your experience in the class (e.g. recent loss of a loved one or job, relationship ending, substance abuse/withdrawal, fasting).

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4. Have you ever received treatment for a mental health concern(s)? ❑ Yes ❑ No
   If yes, please share any information you think it would be helpful for me to know, especially ways your current or past mental health may impact your experience in the class.

5. Do you have any questions or concerns about the class? Is there anything else that would be helpful for me to know at this time?

Registration Process:
Investment: $275

- I recognize that many are financially struggling in these times. If you are facing financial hardship, please contact me as I have a modest scholarship fund available. (If you can pay more, I welcome your generosity, as it will help support me, and those who are struggling at this time by supporting the scholarship fund.)
- Payment can be made by via Paypal or Zelle: send money to jeanleonardphd@gmail.com.
- Your space in the class is not reserved until I receive both your application (Participant Information Form and Informed Consent Form) and payment. Refunds are not available once the class has begun.
- **Complete the Participant Information Form & Informed Consent (one document) and e-mail it to jeanleonardphd@gmail.com**

I have read and understand these terms of registration.

_____ _____
Signature Date

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INFORMED CONSENT AGREEMENT

Mindfulness and self-compassion practice can provide benefits such as stress reduction, improved mood, increased distress tolerance and enhanced general well-being. Meditation can also result in temporary increased distress as one slows down, turns towards one stressors and emotions. This class includes skill training in mindfulness and compassion exercises and methods. I understand that if for any reason I am unable to, or think it unwise to, engage in these techniques and exercises either during the weekly sessions offered by Jean Leonard Ph.D., LLC or at home, I am under no obligation to engage in these techniques nor will I hold the above-named individuals or facility liable for injury incurred from these exercises.

In signing this informed consent agreement, I attest that:

- I am planning to attend each of the six (6) weekly sessions.
- I understand that if I have severe depression, suicidal thoughts, a serious psychological or medical condition, or previous psychiatric hospitalization, I should NOT attend this class without prior approval of my therapist or physician. In some cases, the instructor may decide that my condition is not suitable for involvement in a psycho-educational group and I will be excused from participation.

In case of an emergency, please provide an emergency contact:

Emergency Contact Person:

Name: _____ Phone: _____

Relationship to me: _____

_____ _____
Participant's Name (please print) **Participant's birth date**

_____ _____
Participant's Signature **Date**