

## SELF-COMPASSION IN NATURE RETREAT FOR PROFESSIONALS (5 DAYS)

Presenter: Marie Bloomfield, Co-teacher: Marianna Lolas  
Dates: 5-Day Retreat: 30 November (3pm) - 5 December 2022 (2pm)  
Location: 2184 Springbrook Rd, Springbrook QLD 4213  
Before you register, please read the Terms & Conditions



### Payment Information

Extra Early bird (24 July): \$1,750.00 Early bird (24 Oct.), \$1,975.00 Regular: \$2,225.00  
<https://www.eventbrite.com.au/e/self-compassion-in-nature-retreat-for-professionals-5-days-tickets-160874525035>

**Additional cost if required:** Linen (\$60)  
Maxi Taxi from Coolangatta Airport (\$50 each way)

The fees will include teaching fees, accommodation, and meals.

If you are interested to join us for the Retreat please send the following registration form to Marie [marie@bloomfieldpsychology.com.au](mailto:marie@bloomfieldpsychology.com.au)

## RETREAT REGISTRATION FORM

The information obtained is kept strictly confidential and will only be seen by myself and co-teacher(s). The aim of this form is to get to know you a little more before we start the retreat so that we can be more sensitive to your needs as we present the program.

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home address: \_\_\_\_\_

Phone number:(H) \_\_\_\_\_ Mobile \_\_\_\_\_

Email address: \_\_\_\_\_

Gender identity \_\_\_\_\_ Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Partnered \_\_\_

Profession/Occupation \_\_\_\_\_

**Diet:** Do you have any special dietary preferences or intolerances?

Gluten free \_\_\_ dairy free \_\_\_ vegetarian \_\_\_ vegan \_\_\_ Other \_\_\_

**Note:** We can only provide for the above diets. You will need to bring your own food if you have severe allergies and require a rigorous diet. Space in a fridge will be available for you to keep your own food.

**Shared Taxi:** A Maxi Taxi has been booked to take participants from Coolangatta Airport to the Retreat Centre in Springbrook for the **cost of \$50.00 each way**. The Maxi Taxi will pick up at the Coolangatta Airport on the 30 November at 1:30 pm to be at the Retreat Centre around 2:30 pm. On Monday 5 December a Maxi Taxi will pick up at the Retreat at 2:30 pm to take whoever wants to return to Coolangatta Airport.

- **Request Maxi Taxi leaving at 1:30 pm Coolangatta Airport** to the Retreat Centre/Springbrook on the 30 November? Yes\_\_\_\_\_ No\_\_\_\_\_
- **Request Maxi Taxi leaving at 2:30 pm the Retreat Centre in Springbrook** to return to Coolangatta Airport on the 5 December? Yes\_\_\_\_\_ No\_\_\_\_\_

**Linen:** Please note that you need to bring your own sheets (single bed), a pillow slip and a towel. Blankets and pillows are provided. If this is not possible, please let us know and for **\$60.00 hiring fees**, we will provide you with sheets, a pillow slip & a towel.

- **Request for Linen Hire:** Yes\_\_\_\_\_ No \_\_\_\_\_

If required Taxi and linen please send the payment directly prior the retreat to the Commonwealth Bank, BSB 062904, Account no. 10436059. When you make the payment please indicate your name clearly. After you have made the payment let Marie know via email.

**General and Medical Information:**

-Where did you learn about MindfulPath and our Self-Compassion in Nature Retreat?  
Internet search\_\_\_\_ APS \_\_\_\_\_ AASW\_\_\_\_ CMA \_\_\_ Facebook\_\_\_ Friend\_\_\_\_  
Psychologist/Counsellor\_\_\_\_ GP\_\_\_\_ Other\_\_\_\_\_ please specify\_\_\_\_\_

-Are you a Professional who is seeking CPD (Continuing Professional Development)?  
Yes\_\_\_ No\_\_\_

-When and how were you introduced to mindfulness, self-compassion and meditation?  
\_\_\_\_\_  
\_\_\_\_\_

-Do you have a regular meditation, mindfulness and self-compassion practice?  
\_\_\_\_\_

-Have you attended a Silent Retreat before? If so when and where?  
\_\_\_\_\_

-How would you describe your physical health? Excellent\_\_\_ Good \_\_\_ Fair \_\_\_ Poor \_\_\_

-Do you have any physical or mental health concerns/condition? Yes\_\_\_ No\_\_\_  
If yes, please specify \_\_\_\_\_

-Have you experienced traumatic events or suffered abuse in the past? Yes\_\_\_ No\_\_\_

- Are you currently experiencing some major challenges at home or at work (fear, loss, changes, conflicts)? Yes\_\_\_ No\_\_\_  
Please specify \_\_\_\_\_  
\_\_\_\_\_

-Are you seeing a therapist/counsellor currently? Yes\_\_\_\_\_ No \_\_\_\_\_

-Are you taking any medication currently? If so can you tell us what kind and for what condition? \_\_\_\_\_

-What are you hoping to gain from the Retreat?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

-Is there anything else that would be helpful for us to know at this time?

\_\_\_\_\_  
\_\_\_\_\_

**Vaccination Status:** Please indicate your level of covid vaccination:

Two doses \_\_\_\_\_ Booster \_\_\_\_\_ Medical Exemption \_\_\_\_\_

**Emergency Contacts:**

Name: \_\_\_\_\_ relationship: \_\_\_\_\_ phone no \_\_\_\_\_

Name: \_\_\_\_\_ relationship: \_\_\_\_\_ phone no \_\_\_\_\_

\*\*\*\*\*

**I (name) \_\_\_\_\_ agree to the following:**

1. The information I have provided on this form is complete and accurate.
2. I understand that my participation in this Retreat is entirely voluntary, and I am free to withdraw at any time. At the present time, however, I am planning to participate in the entire 5 days of the Retreat.
4. I agree to follow the guidance of the teacher and the co-teacher and to keep a friendly silence for most of the retreat.
5. I agree to the Terms and Conditions
6. I represent and warrant that I have no medical conditions that would prevent me from participation in the Retreat. (If I have a mental or physical health condition, I understand that it is my responsibility to consult with a health care provider prior registration to assess my suitability to attend this Retreat.)
7. I assume full responsibility for any injuries or damages, known or unknown, while I am attending the Retreat. I agree that the organiser MindfulPath/Bloomfield Psychology has no liability for any injury, illnesses, damage or loss of property resulting from my attendance at this Retreat. I assume all risk and I agree to release and discharge the organiser of the Retreat, from all claims or causes of action, known or unknown.

Date \_\_\_\_\_

Signature \_\_\_\_\_