Regeneration Process Method

7 Day Retreat Course

Application Form

It is a course requirement that all participants provide the following information as a part of their application process to the RPM 7 Day Retreat Course.

The Transgenerational Regeneration Institute (TRI) understands that this is personal and confidential information. Due to the nature of a retreat setting, we require the following information. TRI will not share your information with anyone other than the course facilitator(s) for the sole purpose of determining the appropriateness of each applicant’s entry into the RPM 7 Day Retreat Course, and to best support each participant in their shared learning environment.

**Personal Information:**

Title:

First Name:

Last Name:

Address:

Town/city:

County:

Post Code:

Country:

Phone:

Email:

**Please Provide an Emergency Contact:**

Name of contact:

Relationship to you:

Phone number:

GP Name:

Address:

Phone:

**Your Physical and Mental Health:**

It is helpful for us to have some information about you so that we can best meet your needs at the RPM 7 Day Retreat Course.

**Please Provide Information to the Following Questions:**

Do you have any physical illness or other limitation that may make hearing, seeing, sitting, or standing difficult?

Please provide further information:

**Relevant Medical History: Yes/No or N/A**

High Blood Pressure:

Low blood Pressure:

Cardiac Conditions:

Diabetes:

Epilepsy:

Any Recent surgery in past year:

Any recent diagnosis in past year:

Injuries to back or neck:

Other:

Please mention any physical problems or challenges that you may have at the moment, for example, problems with sleep, back pain, headaches, digestive problems:

Are you currently taking any medication?

If yes, please provide further information:

Do you have a history of substance abuse?

If yes, please give details:

It is important to us to be able to fully welcome everyone. If you have any specific needs relating to disability or health conditions, including difficulties with hearing, please contact us before the course begins so that we can discuss ways to support you during the course time together.

**Read the Following Guidelines Before Completing the Next Question:**

TRI’s RPM 7 Day Retreat Course can be very supportive and transformative to one’s wellbeing; however, due to its intensive nature, it is advised that the course is taken at a time of relative psychological stability. If you have recently (within the past year) experienced significant trauma or psychiatric illness, or if you are currently experiencing acute emotional distress such as serious depression or anxiety, this may not be the best time for you to attend the RPM course.

If you are currently under the care of a mental health professional, please discuss your attendance with them. You should be in a relatively stable period of mental well-being and have adequate psychological resilience to attend the RPM 7 Day Retreat Course.

Please answer the following question with these guidelines in mind. If there is any uncertainty about whether this is a good time for you to attend the RPM Course, we can organize a time for you to discuss this with our lead teacher. If you would like to organize a time to speak, please contact us at enrollmentservices@transgenerationalregenerationinstitute.org

 Please check the box that you have read the above information.

**Do you have any mental or physical health issues or concerns, or have you experienced recent challenging life events that would be useful for the facilitator(s) to know about, such as bereavement, loss, unemployment, diagnosis, surgery:**

If yes, please provide further information:

Please mention any mental/psychological or emotional challenges that you have experienced in the past or are currently experiencing at the moment (for example: anxiety, panic attacks, depression, stress, poor concentration, insomnia):

Please provide further information:

Are you currently in treatment with a mental health professional (psychologist, psychiatrist, psychotherapist, or counselor?

If so, please confirm that you have discussed taking this course with your therapist?

Therapist name:

Phone:

Is your GP aware you are signing up for this RPM 7 Day Retreat Course?

**Other Important Information:**

What is your profession?

Please state briefly why you would like to participate in the RPM course at this particular time in your life?

Do you have a regular practice of meditation?

If so, what type and how many years have you been practicing?

What are your expectations for the course?

Are you a caregiver for anyone now (family, friends, neighbors)?

Do you have a person(s) who you consider a support resource?

What other resources do you have and use when under stress?

Do you have any dietary requirements?

Dietary Requirements: All meals will be vegetarian.

**Please note, we are not able to cater for individual preferences or tastes, only for essential dietary requirements**. Please contact us enrollmentservices@transgenerationalregenerationinstitute.org with any essential requirements which we will pass on to the venue.

Vegan:

Specific Allergy:

Non-Diary:

Gluten Free:

Other- please specify:

Is there anything else that would be helpful for the facilitator(s) to know at this time?

**Informed Consent:**

The RPM 7 Day Retreat Course is both a personal journey toward living a regenerative life which involves self-inquiry and self-transformation, as well as a professional course designed to assist you in your professional role.

Participants will engage in experientials designed to deconstruct their barriers to change, therefore, some difficult emotions may surface during the course. The facilitator(s) will endeavor to offer a safe, supportive container for each participant, and for the group as a whole. As a participant, I understand that I also have a responsibility to myself and the group to maintain a safe and supportive environment.

I acknowledge that I consider myself in adequate physical, mental and emotional health to undertake the RPM 7 Day Retreat Course at this time.

I consent that should I have any difficulties during the 7 Day Retreat Course, I will bring this to the facilitators’ attention for support and guidance.

 Consent with your initials

The Transgenerational Regeneration Institute reserves the right, at our sole discretion, to ask you to leave the RPM 7Day Retreat Course if your behavior is deemed by the teacher(s) to be disruptive in any way to the container of the learning environment.  As a participant, if this were to occur, you agree to leave immediately.

In such circumstances no transfer, refund or forward credit will be given.

Once your application form has been received, we will be in contact with you to complete your registration.

**Please Note: Your application form is confidentially reviewed by your facilitator(s) on the RPM 7 Day Retreat Course** **and held as confidential information by the Transgenerational Regeneration Institute.**

I confirm by checking this box that I have read and understand this application agreement.

Agree to Terms & Conditions of the RPM 7 Day Retreat Course as determined by the Transgenerational Regeneration Institute

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Participant Signature Date: