



Inner Vision Retreat Booking Form

Name.....

Address.....

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.....**Postcode**.....

Tel Number.....

Mobile.....

Email address.....

Date of Birth...../...../.....

Retreat Date Booking is For:

Medical Conditions and Current Medication

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Have You Had any Mental Health Issues or Been Sectioned?

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Current GP Contact Address & contact Number

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Next of Kin/Emergency Contact

Contact Name

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Relationship to you?.....

Landline Home:Landline Work:.....

Mobile:.....

Have you been pregnant in the last 9 months or are you currently pregnant?

Pregnant in the last 9 months **Y/N**

Currently pregnant **Y/N**

Please tell us about yourself

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Do you have any Healing experience and qualifications?

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What are you hoping to gain from the retreat?

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What would you like your future to be?

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Do you have any dietary requirements or allergies?

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Please tell us about any other requirements you may have

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Will you require private accommodation with The Grand or the shared accommodation included?

Private Accommodation Y/N Shared accommodation provided Y/N

Please tell us how you wish to pay the 25% deposit;

BACS Y/N Debit/Credit Card Y/N

Paypal

Y/N

If you are booking with a friend or as part of a group please advise us of their details so we can link the bookings (no discounts will be applied until both applications have been received if you are taking up the offer for £200 off when two book together. This is subject to them paying their course fee and their booking being confirmed).

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Please read our privacy policy available on the website

www.uniquesoulhealing.co.uk

Please sign to say you have read, understood and accepted the Privacy Policy, and our Terms & Conditions.

Signature;

Date:

PLEASE EMAIL THIS FORM TO bookings@innervisionretreats.com SO WE CAN PROCESS AND CONFIRM YOUR BOOKING.