 

*Please support us with the preparation for this retreat by completing the following questionnaire to the best of your ability. Feel free to respond as openly as possible – responses will only be seen by the facilitators who are both healthcare professionals bound by confidentiality.*

*The questionnaire is intended to offer you maximum value from the retreat and possibly start your process of contemplation in advance.*

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| --- | --- |
| ***NAME:***  |  |
| ***D.O.B:*** |  |
| ***ADDRESS:*** |  |
| ***TEL NO:*** |  |
| ***PERSON TO CONTACT ICE:*** |  |

***Please complete the Pre-retreat Questionnaire below…***

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| (1)   Please write a little about your ***GENERAL OUTLOOK ON LIFE*** and specify whether you see yourself as INTROVERT / EXTROVERT / OTHER |
|   |
| (2)   Please write a little bit about ***YOUR VIEW OF YOURSELF IN THE PRESENT:***  |
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| …and write a bit about your view of yourself and your life ***WHEN YOU WERE A CHILD:***  |
|  |
| (3)   Please provide us with ***DETAILS OF YOUR BIRTH / EARLY INFANCY,*** if you know any details:  |
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| (4)   Do you have any previous experience with ***BREATHWORK / MEDITATION / OTHER THERAPIES? Please write a bit about that here…*** |
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| (5)  ***WHAT ARE YOUR PERSONAL GOALS FOR YOUR CAREER/VOCATION/LIFE?*** (SHORT & LONG TERM) |
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| (6) In order to identify your aspirations for the retreat, imagine you are on the ferry / plane returning home after the retreat…***HOW ARE YOU FEELING?******WHAT HAVE YOU LEARNED ABOUT YOURSELF?******WHAT DOES A SUCCESSFUL OUTCOME FROM THE RETREAT FEEL LIKE?*** |
| Image of a group of people sitting on the beach. Meditating group stock images, royalty-free photos and pictures |
| Please fill this part in so we can best support you: |
| ***(7)*** DO YOU EXPERIENCE ANY MENTAL OR PHYSICAL ***HEALTH CONDITIONS*** THAT WE SHOULD KNOW ABOUT?  |
|  |
| ***(8)*** ARE YOU TAKING ANY ***MEDICATIONS***? Please specify… |
|  |
| ***(9)*** IS THERE ANYTHING GOING ON IN YOUR LIFE RIGHT NOW THAT MIGHT CAUSE INSTABILITY WHICH COULD MAKE DEEP PERSONAL DEVELOPMENT WORK A RISK FOR YOU? PLEASE STATE ANY CONCERNS YOU HAVE ABOUT THIS HERE…  |
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| ***(10)* DO YOU HAVE A SPIRITUAL PRACTICE?** e.g. a religion or membership of a 12 step program. This allows us to accommodate your needs for a space to pray, or time to get to online meetings for example. |
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| Lastly, some housekeeping questions: |
| (A) Do you have any **DIETARY RESTRICTIONS or ALLERGIES? We cannot accommodate them if you don’t tell us in advance.** |
| (B) Do you have any **MOBILITY ISSUES? Regrettably, the villa is not accessible for wheelchairs, but we can accommodate other needs.** |
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| (C) Please state your **AVAILABILITY** (delete as appropriate): **13-17 SEPTEMBER 2025 18-22 SEPTEMBER 2025** |
| (D) **ACCOMMODATION NEEDS** Double, twin and triple rooms are available. Rooms are mostly ensuite, with some sharing a bathroom with one other room, as the villa is organised into 5 ‘apartments’ meaning some rooms also have extra sofa beds available for groups.Please state here:The name of other applicants you would like to share a room / apartment with:Are you happy to share a twin or triple room with others not known to you: **Y/N**The cost of the retreat is £650 per person. This cost is reduced to £450-500 if you are sharing a room. We welcome couples or groups of friends as long as the dynamics are stable. |
| WOULD YOU LIKE TO ***OPT OUT OF PHOTOS*** WHICH WE OCCASIONALLY TAKE SENSITIVELY DURING THE RETREAT? (Retreat photos are never used / circulated without seeking your prior permission) **Y/N** |
| ***IS THERE ANYTHING ELSE WHICH YOU WOULD LIKE TO SHARE THAT MIGHT BE IMPORTANT REGARDING YOUR PARTICIPATION ON THE RETREAT?*** |
|  |

Thank you for taking the time to breathe - feel - explore and respond as fully as possible. Please email this back to us at susieward@timeandspace.me.uk with **RETREAT** in the subject line.

We’ll be in touch shortly about your application.

With gratitude

Susie & Gilly