



## New Student Application

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
(First) (Initial) (Last)

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Text #: Y or N

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about Mindful Self-Compassion? \_\_\_\_\_

Degree or highest level of education attained: \_\_\_\_\_

Profession: \_\_\_\_\_

Current Work Activities: \_\_\_\_\_

Dates of Class you are applying for: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Do you have experience with Mindfulness and / or Self-Compassion? Please provide details: \_\_\_\_\_

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

Mindful self-compassion can be emotionally activating for students. Can you please provide examples of situations in which you might "lose your balance" while participating and how you would respond in class? \_\_\_\_\_

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

Please provide a brief, specific example, of how you have used compassion and / or mindfulness with yourself or a loved one during moments of difficult emotions such as fear, shame, or anger.: \_\_\_\_\_

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



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Have you ever been turned down for any kind of group work or class experience? Please provide detail if applicable.: \_\_\_\_\_

\_\_\_\_\_

Do you carry a mental health diagnosis? If so, how does this impact you in groups? How may this impact your work as an MSC student? \_\_\_\_\_

\_\_\_\_\_

Do you suffer from a trauma related disorder? \_\_\_\_\_

I understand that while this Mindful Self-Compassion program may be therapeutic, it is not therapy. Y or N

Are you in treatment for mental health concerns? May I contact your provider for coordination? Y or N

Name of Provider:

Address of Provider:

Email of Provider:

I acknowledge that information above is factual. I agree that I am entering into the Mindful Self-Compassion program with curiosity and a willingness to increase compassion and wellness for myself.

\_\_\_\_\_

Student Name

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date