



# *Mindfulness in Everyday Life*

This is a **5 week program** that will benefit those new to mindfulness or those familiar with mindfulness and wishing to practice their skills in a supportive group.

To learn more and to register please attend our **Information Session:**  
Tuesday April 6th, 2010 from 4:00pm – 5:00pm



**Class Dates:** Tuesdays from 4:00pm - 5:00pm  
April 13, 2010 to May 11, 2010 (5 weeks)  
**Location:** Mood Disorders Association of Ontario  
36 Eglinton Avenue W, Suite 602

This program is limited to 12 people who will attend ALL sessions.

Applicants must complete a questionnaire and attend the Information Session. Applicants will be assessed for suitability and successful applicants will be contacted.

***This program is not best suited for individuals currently experiencing an episode of clinical depression.***

## **The Benefits of the Program:**

- To be introduced to methods to support mindfulness in daily life
- To strengthen our mindful skills of self awareness and being non-judgmental and compassionate towards ourselves
- These skills can support our sense of harmony and our wellbeing
- Learn how to practice the above skills in a supportive group and in daily life

\* Applications **MUST** be received for all applicants to be considered for the program.  
(see reverse side) →



## Terms of Agreement and Application Form Mindfulness in Everyday Life

- I understand that I will be asked to participate in a short interview / questionnaire to assess my suitability for this 5-week program, and I will be contacted by MDAO if I am chosen to be a participant.
- I understand that if I am chosen to participate in this program, I will be making a commitment to attend 5 sessions:  
Tuesdays 4:00pm – 5:00pm: April 13, 2010 – May 11, 2010

PLEASE PRINT CLEARLY:

1. Full Name: \_\_\_\_\_
2. Day phone: \_\_\_\_\_  
Evening phone: \_\_\_\_\_
3. Have you previously attended this program?\* If so, when?  
\_\_\_\_\_
4. What interested you in this program?  
\_\_\_\_\_  
\_\_\_\_\_
5. Please list your family doctor and or other healthcare professionals that support you:  
\_\_\_\_\_  
\_\_\_\_\_
6. Do you have any previous experience with other support groups or mindfulness?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Do you have any concerns participating in mindfulness exercise/s?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Applicants who have previously attended the program MUST fill out this form to apply, and MUST attend the Information Session.**

Please submit this application to:  
Email: [kimu@mooddisorders.on.ca](mailto:kimu@mooddisorders.on.ca)  
Fax: 416-486-8127