Prograna Level 1 - 3 Facilitator Booking Form

Please fill out this form in its entirety and send back to secure your space.

Please keep a copy for your records.

Name:
Address:

Email:	**Contact Number:**

How would you like your name displayed on your certificate:

Venue:	**Workshop Dates & Time:**

Have you completed the health form? Yes ☐ No ☐

Have you read and signed the declaration form? Yes ☐ No ☐

Name:	**Signature:**

Date:

Prograna Level 1 - 3 Facilitator Health Form

All information shared will be treated with confidentiality, care and professionalism. Health information is collected only where relevant to support safe facilitation.

Details are not shared without consent, unless there is a legal or safeguarding obligation to do so. All personal information is handled in accordance with the UK general data protection regulations and the data protection act 2018.

Prograna involves embodied, and energetic practices. Whilst the work is generally gentle and grounded, it can bring emotional insight or personal awareness to the surface.
The following questions help ensure participation is appropriate and safe. Please answer honestly in your own words.

NOK Name:	**NOK Relationship:**
NOK Number:	**Do you give permission for your NOK to be contacted in case of an emergency? Y | N**

Physical Wellbeing

Are you currently receiving medical treatment that we should be aware of in order to support you appropriately?

Yes ☐ No ☐

Please give details below:

Are you currently experiencing any physical health conditions, injuries, or medical diagnoses that may effect your participation? *(We may need to make adjustments so that you can facilitate Prograna within your scope of physical capabilities)*

Yes ☐ No ☐

Please give details below:

Are you currently pregnant?

Yes ☐ No ☐

Please give details below:

Prograna Level 1 - 3 Facilitator Health Form

Emotional & Mental Wellbeing

Have you experienced any recent emotional or mental health challenges that may be relevant to participating in the Prograna Evolutionary Coding workshop?

Yes ☐ No ☐

Please give details below:

Are you currently receiving support from a therapist, counsellor, or mental health professional?

Yes ☐ No ☐

Please give details below:

Is there anything you feel may be activated in a group or introspective setting that you would like the facilitator to be aware of?

Yes ☐ No ☐

Please give details below:

You do not need to disclose detailed personal history - only what is relevant for safe participation.

Is there anything else you feel is appropriate to disclose?

Yes ☐ No ☐

Please give details below:

Personal Responsibility

Please read and confirm the following

- **I understand that Prograna Evolutionary Coding System is not a substitute for medical, psychiatric, or psychological treatment.**
- **I confirm that I am not currently experiencing an acute mental health crisis.**
- **I agree to take responsibility for my own wellbeing and to communicate if I feel overwhelmed during the workshop.**
- **I understand the facilitator may recommend postponing participation if it is deemed more appropriate for my wellbeing.**
- **I understand that my health and medical information will be kept for up to 7 years in a secure and locked file following the UK General Protection Regulations.**
- **I understand that my details will not be shared without consent, unless there is a legal or safeguarding obligation to do so.**

I confirm that the information provided is accurate and complete to the best of my knowledge.

I understand that it is my responsibility to disclose any relevant health or wellbeing information that may impact my participation.

I agree to inform the facilitator of any changes to my health or circumstances prior to or during the Prograna Evolutionary Coding System workshop.

Name:	**Signature:**	**Date:**