

Guest Booking Form

*The Bereavement Journey®* is a 7 Session programme which assists bereaved people to process their loss. Guests do their own grief work. Each Session comprises two films followed by discussion in a small group, facilitated by volunteers, and with a break for refreshment.

The information you provide on this form will be used for the sole purpose of the delivery and management of *The Bereavement Journey* course you are about to attend and will be destroyed at the end of the course unless you defer to a later course.  For further information please see our GDPR policy.

**ORGANISERS: St Peter’s Church, Harrogate**

**COURSE DATES: Mondays 16th September – 28th October**

**COST: £15 for the full course payable to “St Peter’s Church Harrogate” address below.**

**VENUE:
The Brostoff Hall, St Peter’s Church, Cambridge Road,**

**Harrogate**

**HG1 1PB**

**TIME:  6.45 – 9.00pm**

**FIRST NAME ………………………………………….…………………………………………………….**

**LAST NAME ………………………………………….……………………………………………………..**

**EMAIL ADDRESS …………………………………………………………………………………………..**

**MOBILE PHONE NUMBER ……………………………………………………………………………….**

**POSTAL ADDRESS ……………………………………………………………………………………….**

**………………………………………………………………………………………………………………..**

**YOUR AGE (please circle or underline)** 18-30 31-40 41-50 51-60 71+

**GENDER (please circle or underline)** Male Female Other

**ETHNICITY (optional)**

**HOW DID YOU HEAR ABOUT THE COURSE?**

…………………………………………………………………………………..

**THE BEREAVEMENT JOURNEY IS FOR PROCESSING OR EXPLORING A RECENT OR PAST BEREAVEMENT.  PLEASE CONFIRM YOU ARE REGISTERING FOR THAT PURPOSE (please circle or underline)**

**YES       NO**

If you are registering for the course for another reason, please contact the event organisers.

**PLEASE TELL US WHO HAS DIED …………………………………………………………………….**

**WHEN DID THEY DIE? ……………………………………………………………………………………**

**HOW DID THEY DIE? ……………………………………………………………………………………..**

**PLEASE TELL US OF ANYONE YOU KNOW WHO HAS REGISTERED OR IS HELPING WITH THE COURSE**

**AS THE COURSE INCLUDES AN OPTIONAL FAITH QUESTIONS SESSION (SESSION 7) PLEASE TELL US IF YOU ATTEND A CHURCH (please circle or underline)**

Yes No

Name of church (if applicable):…………………………………………………………

**DISABILITY OR DIETARY RESTRICTIONS IT WOULD BE USEFUL FOR US TO KNOW ABOUT**

**PLEASE RETURN THIS FORM TO: Jan Edwards at** **stppastoralcareteam@gmail.com** **or by post to Jan Edwards, St Peter’s Church, Cambridge Road, Harrogate HG1 1PB**